



State of New Hampshire

Department of Health and Human Services

Overview

Introduction to House Finance Committee

Wednesday, January 24, 2007

Commissioner John A. Stephen

www.dhhs.nh.gov

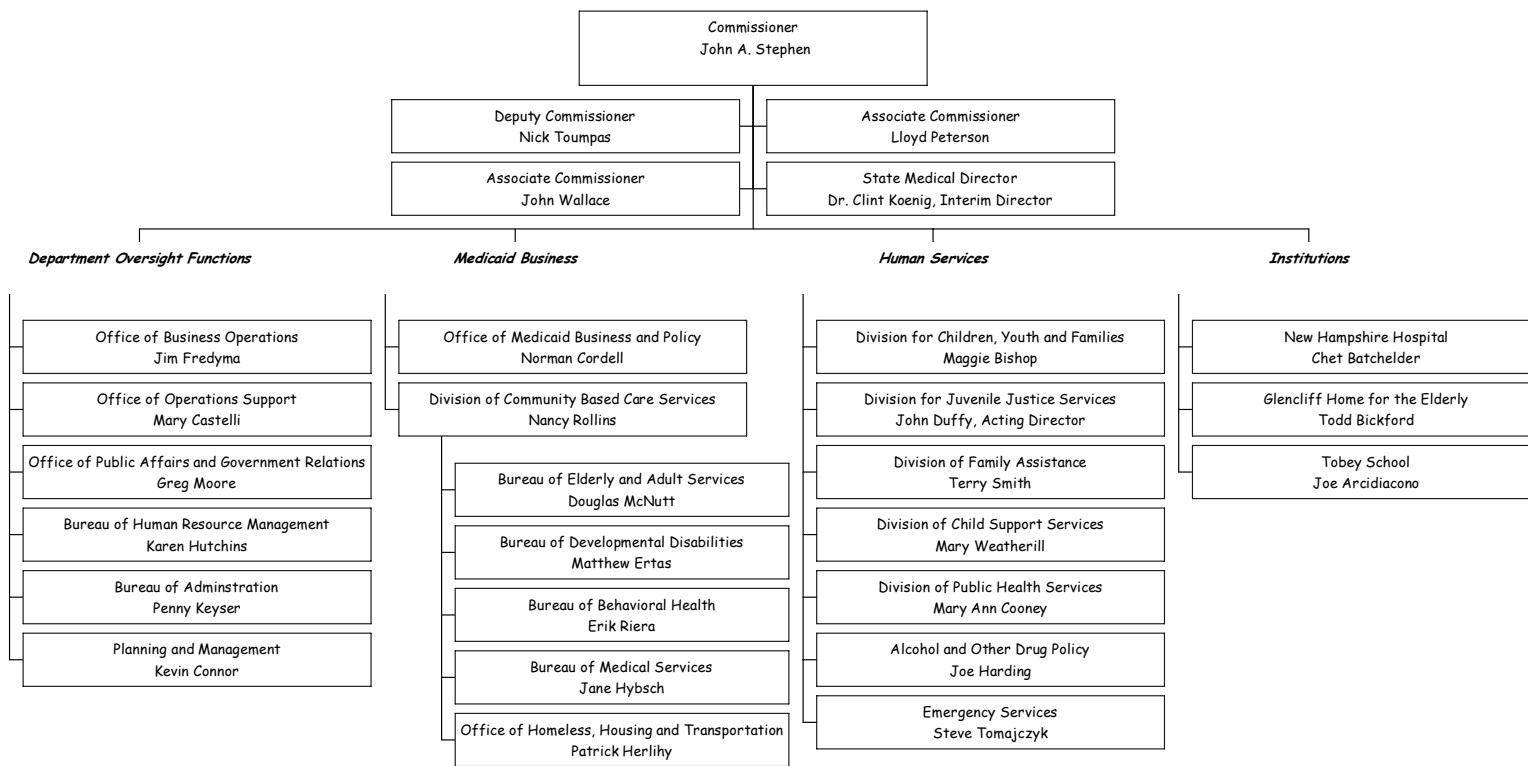


DHHS Core Values

- Return maximum value to NH citizens; always be aware our purpose derives from their will and our funding from the taxpayers
- Treat all stakeholders with respect & dignity including clients, employees and vendors
- Encourage individual initiative & continuous self-improvement
- Exhibit honesty & integrity in all matters

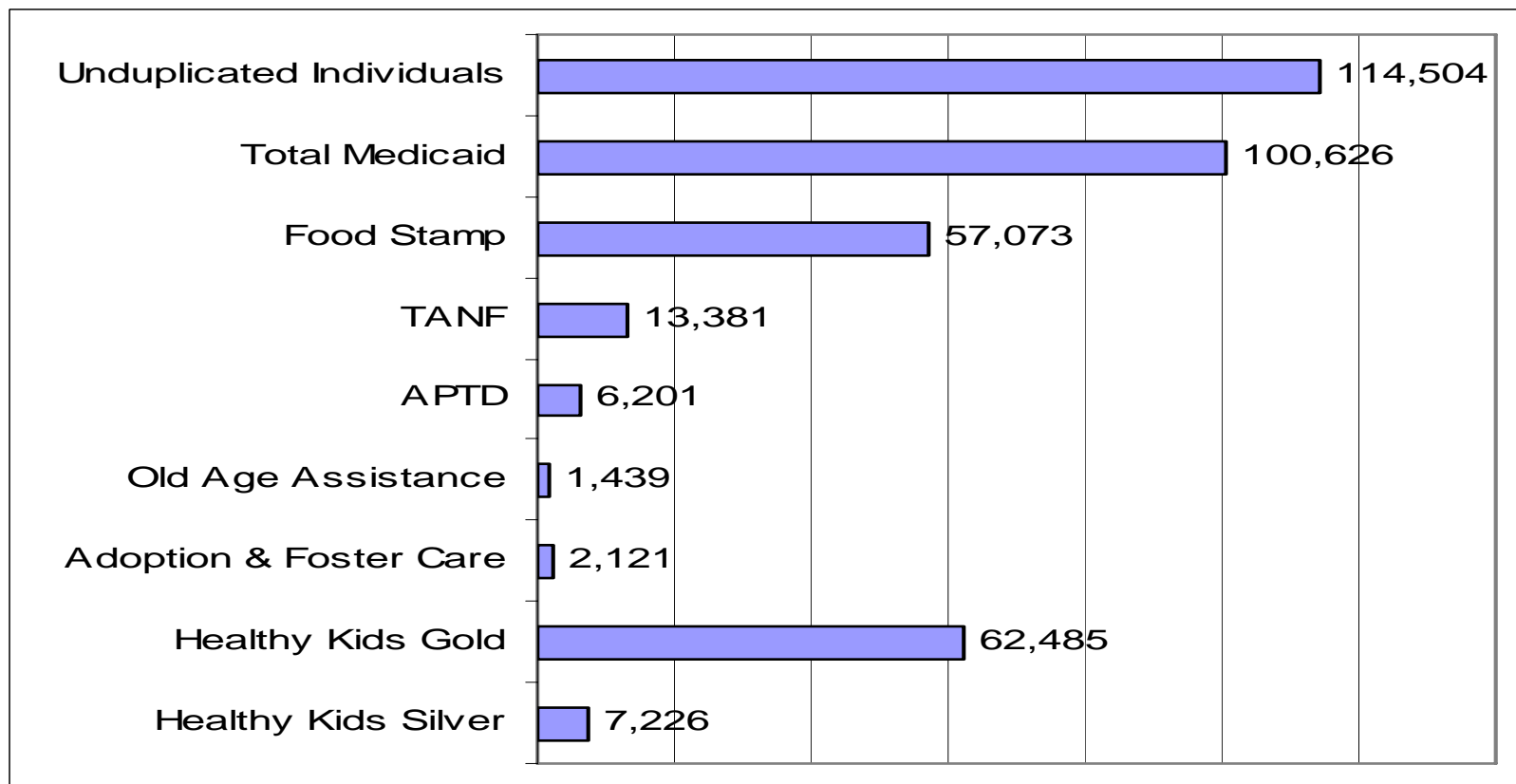


DHHS Organizational Chart

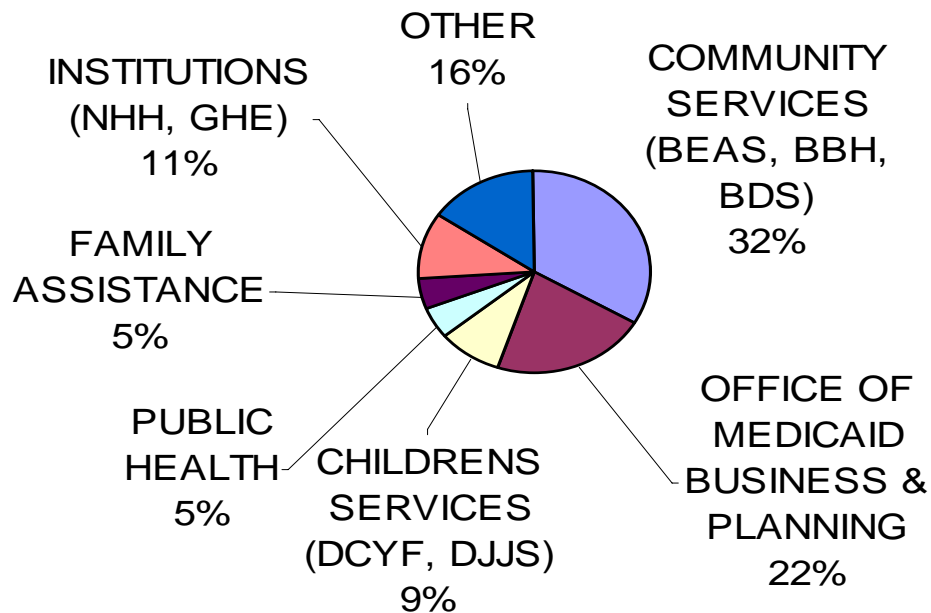




DHHS Service Beneficiaries As of September, 2006



DHHS Budget Organization Percent of Budget





Partial List of Stakeholder Groups Who Work With DHHS

Legislative Oversight Committees, Adult Day Services of New Hampshire, American Heart Association, AARP, American Cancer Society, American Public Human Services Association (APHS) Area Committees on Aging (ACOA), Area Health Education Centers (AHEC) BBH Older Adult Advisory Committee, BBH System Transformation Steering Committee, Bishop's Committee on Sexual Misconduct, Diocese of Manchester, BiState Primary Care Association Center for Law and Social Policy (CLASP), Chapin Hall, Child Care Advisory Council, Child Health Services Child Welfare League of America, Children's Systems of Care Leadership Committee Children's Advocacy Network, Children's Alliance of NH, Commissioner's Adoption Advisory Committee, Community Health Access Network (CHAN), Community Mental Health Centers Community Support Network, Inc. (Area Agency Consortium), Council for Children and Adolescents with Chronic Health Conditions and Their Families, Dartmouth College, Dartmouth Evidence Based Practices Center, DCYF Advisory Board, DCYF Citizen Review Panel, Department of Corrections Developmental Disability Area Agencies, DHHS Suicide Prevention Taskforce, Disabilities Rights Center, Early Education and Intervention Network, Early Learning Guidelines Task Force, Early Learning New Hampshire (ELNH), Easter Seals, Endowment for Health, Family Support NH, Family Voices, 5 A Day Coalition, Food Research Action Council (FRAC), Foundation for Healthy Communities, Franklin Pierce Law Center, Friends of Recovery, New Hampshire , Government Leaders Methamphetamine Task Force, Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment , Governor's Commission on Domestic Violence and Sexual Assault, Governor's Council on Disability, Governor's Council on Physical Fitness, Governor's TANF Oversight Committee, Governor's Task Force for Perinatal Substance Abuse, Granite State Guardianship Services, Granite State Independent Living, HB 1461 TANF Oversight Committee, Head Start State Parent Advisory Council, Healthy Kids Corp, Healthy Kids and Families Coalition, Healthy New Hampshire Foundation, Home Care Association of New Hampshire Home visiting NH Advisory Board, Infant/Toddler Task Force, Institute on Disability (UAP at UNH) Interagency Coordinating Council, Part C, IDEA, Interagency Council on Women Offenders, Legislative Community on Abuse and Neglect, Manchester (and Nashua) Health Departments, Medicaid Eligibility Technical Assistance Group (E-TAG), Medicaid for Employed Adults with Disabilities Workgroup (MEAD) MCAC (Medical Care Advisory Committee) includes consumers, Medical Care Advisory Committee (MCAC), Medical Home Improvement Project- CMRC, Medicare Savings Plan Coalition, Mental Health Commission Leadership Group Merrimack County Head Start Children's Health Advisory Council, National Alliance on Mental Illness, New England States Consortium Systems Organization (NESCSO), New Hampshire Chapter, New Futures, NH Adoption Advisory Committee, NH Alcohol and Drug Counselors Association, NH Alcohol and Drug Providers Association, NH Association of Counties NH Association of Senior Centers, NH Autism Society, NH Brain Injury Association, NH Care Management Collaborative for Children and Families, NH Children's Mental Health Committee NH Children's Trust Fund, NH Coalition on Aging, NH Coalition to Prevent Shaken Baby Syndrome, NH Community Behavioral Health Association, NH Consumer Council, NH DCYF Statewide Child Welfare Committee, NH Dental Society, NH Department of Justice, NH Developmental Disabilities Council, NH Diabetes Association, NH Domestic Violence Fatality Review, NH Emergency Shelter Commission, NH Health Care Association(NHHCA), NH Health Officers Association, NH Hospital Association, NH Independent Case Managers, NH Infant Mental Health Committee, NH Institute for Health Policy and Public Health Practice, NH Insurance Department, NH Interagency Coordinating Council (Regarding Early Intervention Services), NH Legal Assistance, NH Legislative Primary Prevention and Wellness Committee, NH Lung Association, NH Medical Society, NH Mental Health Consumer Council, NH Nurses Association, NH Partnership for Early Literacy, NH Pediatric Society NH Prevention Association, NH Public Health Association, NH Retail Pharmacy Association, NH School districts, NH School Social Work Association, NH State Planning Council, NH Statewide Oral Health Coalition, NH Task Force on Family Law, NH Task Force on Women and Recovery, North Country District Council, Northeast Delta Dental and dental providers, Office of Public Guardian Parent Information Center, Parent to Parent of NH, Partners in Health, Peer Support Directors Association, People First Of New Hampshire, Plymouth State University Social Work Advisory Committee, Private Health Insurers, Private Provider Network, Seniors Count, Southeast Regional Special Education Consortium, Southern (and Northern) Area Health Education Center(S) State Committee on Aging (SCOA), Statewide Family Support Advisory Council, Strengthening Families Leadership Group, Substance Abuse and Mental Health Services Administration, Town Welfare Advisory Group, Town Welfare Association Executive Committee, UNH Institute on Health Policy and Practice, University of NH Social Work Advisory Committee, Workforce Development Task Force, Workforce Opportunity Council (WOC), Youth Suicide Prevention Advisory Assembly (YSPAA)



Division of Child Support Services

- Paternity Establishment
- Location of Non-Custodial parents and their resources
- Establishment and enforcement of Child Support Financial and Medical Orders
- Collection and distribution of child support
- Periodic review and adjustment of court ordered obligations
- Administration of income assignments
- Represents State's interest in court



Division for Children, Youth and Families (DCYF)

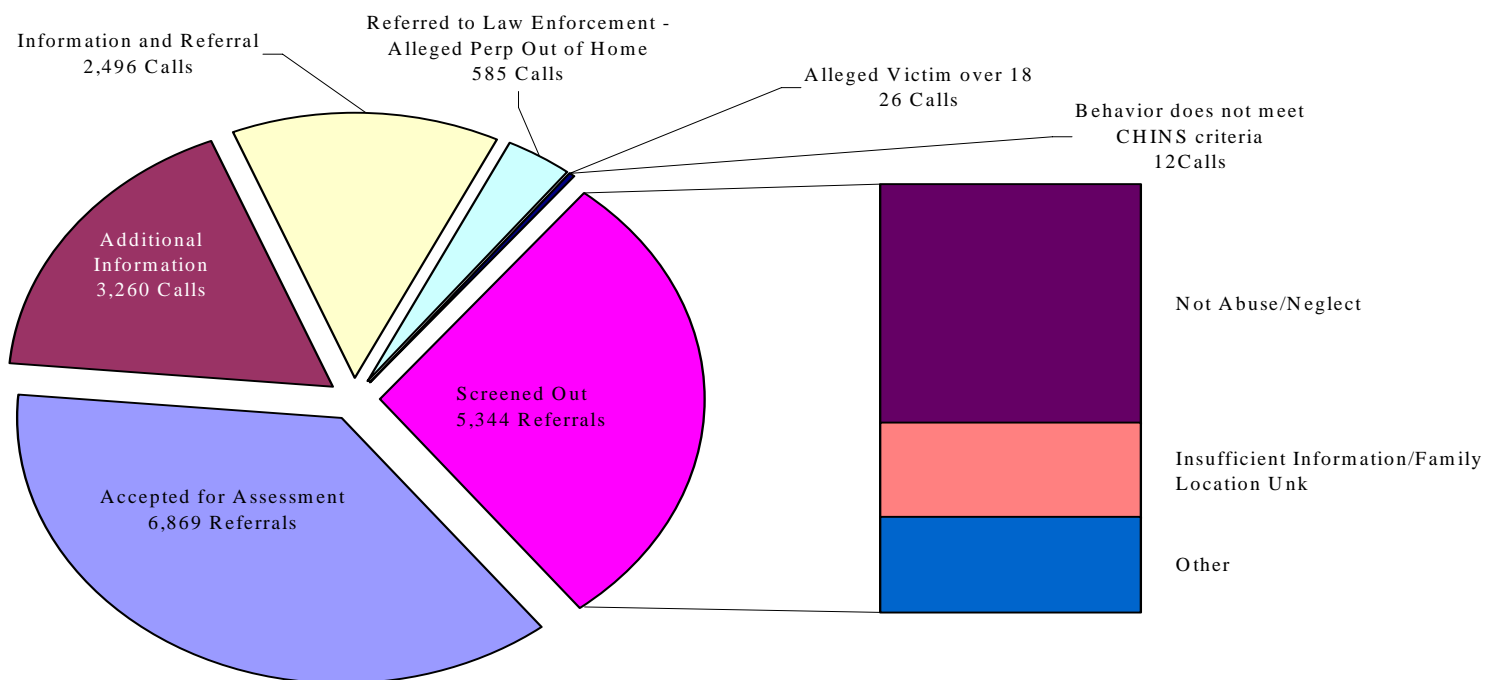
- **Child Protection:** The bureau of Child Protection works to protect children from abuse and neglect while attempting to preserving the family unit
- **Foster Care:** Specially trained Foster Care Workers in each DHHS District Office recruit, train and license foster families.
- **Community and Family Support Services:** Services are provided in the community to promote a child's healthy development.
- **Child Development Bureau:** Support to early care and education programs, provides consumer education and childcare training programs.



DCYF Calls to Central Intake

18,594 Calls to Central Intake in SFY 2006

Source: Bridges and Central Intake Logs



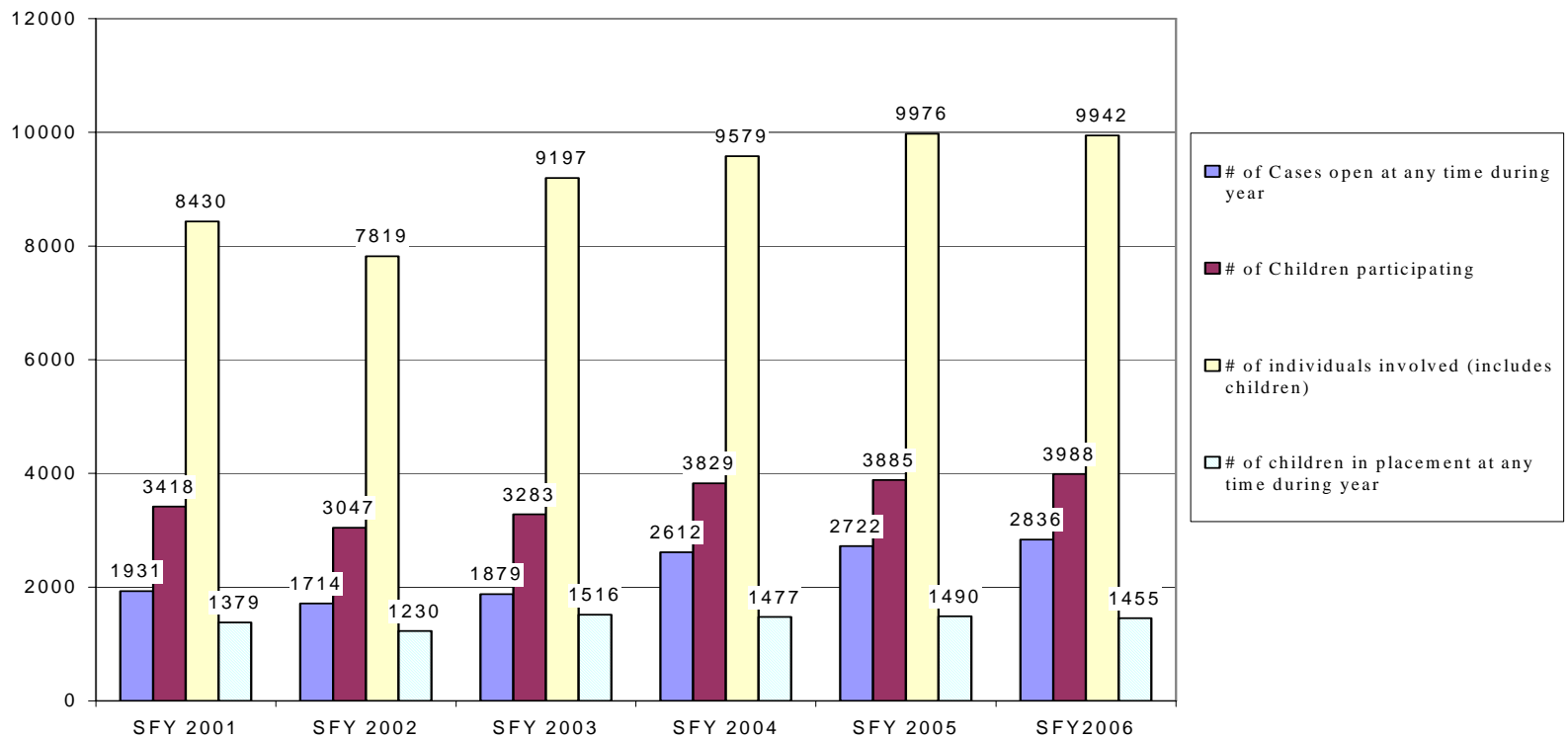
12,213 Potential Abuse/Neglect Referrals, 5,344 Screened Out and 6,869 Accepted for Assessment



DCYF Caseloads

Open Family Service Cases, Children, and Total Clients by State Fiscal Year

Includes all DCYF Case Types_including preventive child care and adoption subsidy





Child Care Quality LicensedPlus

Programs Achieving Standards- \$228,197 For Awards

Above & Beyond Childcare, Inc, Hooksett
Ark, Christian Nursery & Learning Center, Inc. (The), Tilton
Cinnamon Street Early Education and Childcare Ctr, Newport
Community Child Care Center, Portsmouth
Concord Family YMCA/Child Development Center, Concord
Dover Daycare Learning Center Inc, Dover
East Side Learning Center, Concord
Easter Seals Child Development Center, Manchester
Ellen Wirta Family Day Care, Sunapee
Elliot Child Care Center, Manchester
Exeter Day School, Exeter
Franconia Children's Center, Franconia
Great Bay Kids' Company, Exeter
Great Bay Kids' Company, Newmarket
Growing Years (The), Manchester
Keene Day Care Center, Inc, Keene
Keene Day Care Center, Inc - School Age Program, Keene
Lakes Region Child Care Center, Gilford Early Learning
Lakes Region Child Care Center, Laconia Early Learning
Learning To Grow Inc., Lee
Lil' Angels Family Daycare, Derry
Lily Garden Learning Center (The), Westmoreland

Little Apples Day Care & Learning Center, Inc., Hooksett
Little Blessings Preschool and Day Care, Portsmouth
Little Frogs and Polliwogs Learning Center, Inc, Manchester
Merrimack Valley Day Care Service, Concord
Merrimack Valley Day Care Service @ Eagles Bluff, Concord
Merrimack Valley Day Care @ Jennings Dr After School, Concord
Merrimack Valley Day Care Service @ MCNH, Boscawen
Merrimack Valley Day Care Service @ NH Hospital, Concord
Nashua Adult Learning Center Early Childhood Adventures-Lake St
Nashua Adult Learning Centr Early Childhood Adventures-Arlington St
New Concept Schools, Inc. Nashua Child Learning Center, Nashua
New Hampton Child Care Center, New Hampton
Next Generation Preschool and Daycare, Greenland
Penacook Community Center, Penacook
Rochester Child Care Center, Rochester
Sandwich Childrens Center, Sandwich
Somersworth Early Learning Center, Somersworth
Stepping Stones School, Inc, New London
Tamworth Pre-School, Inc dba Bearcamp Valley School & Children's Ctr
Tender Years Childcare & Learning Center, Allenstown
VNA Child Care and Family Resource Center, Manchester
Wolfeboro Area Children's Center, Wolfeboro



Division for Juvenile Justice Services

- ❖ The Division for Juvenile Justice Services (DJJS) is responsible for providing supervision and rehabilitative services to youth adjudicated under state law as delinquent or as children in need of services (CHINS). DJJS provides supervision, case management, and an array of rehabilitative services through its staff of Juvenile Probation and Parole Officers (JPPOs) and a network of community-based providers who are licensed and/or certified by DHHS.

- ❖ The Division for Juvenile Justice Services administers programs and services around three organizational and functional areas:
 - ❖ **Institutional Services:** the Youth Services Center and the Youth Detention Services unit provide residential placements for NH youth involved with the NH court system.

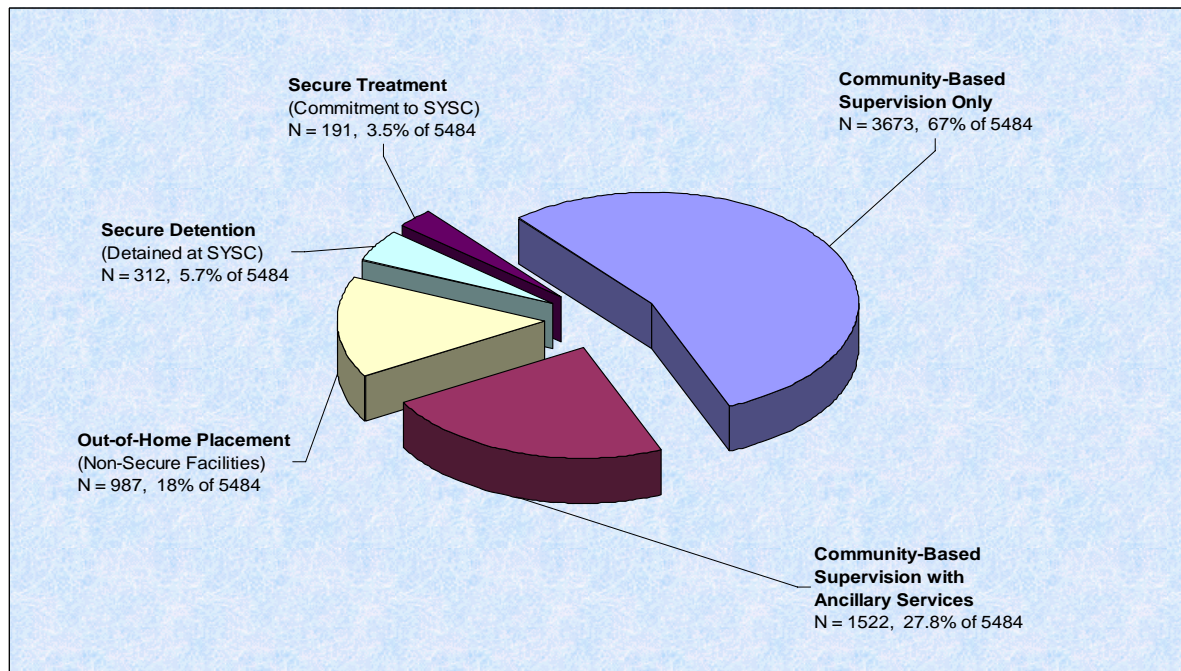
 - ❖ **Community Programs:** all community-based services, both residential and nonresidential, are administered by this unit.

 - ❖ **Probation and Parole:** conducts investigations and provides supervision of delinquent minors and Children In Need of Services (CHINS), as well as providing supervision of committed delinquents released from the Youth Services Center on parole.



DJJS Caseloads

Total Number of Youth Served by DJJS During SFY 2006: **5484***

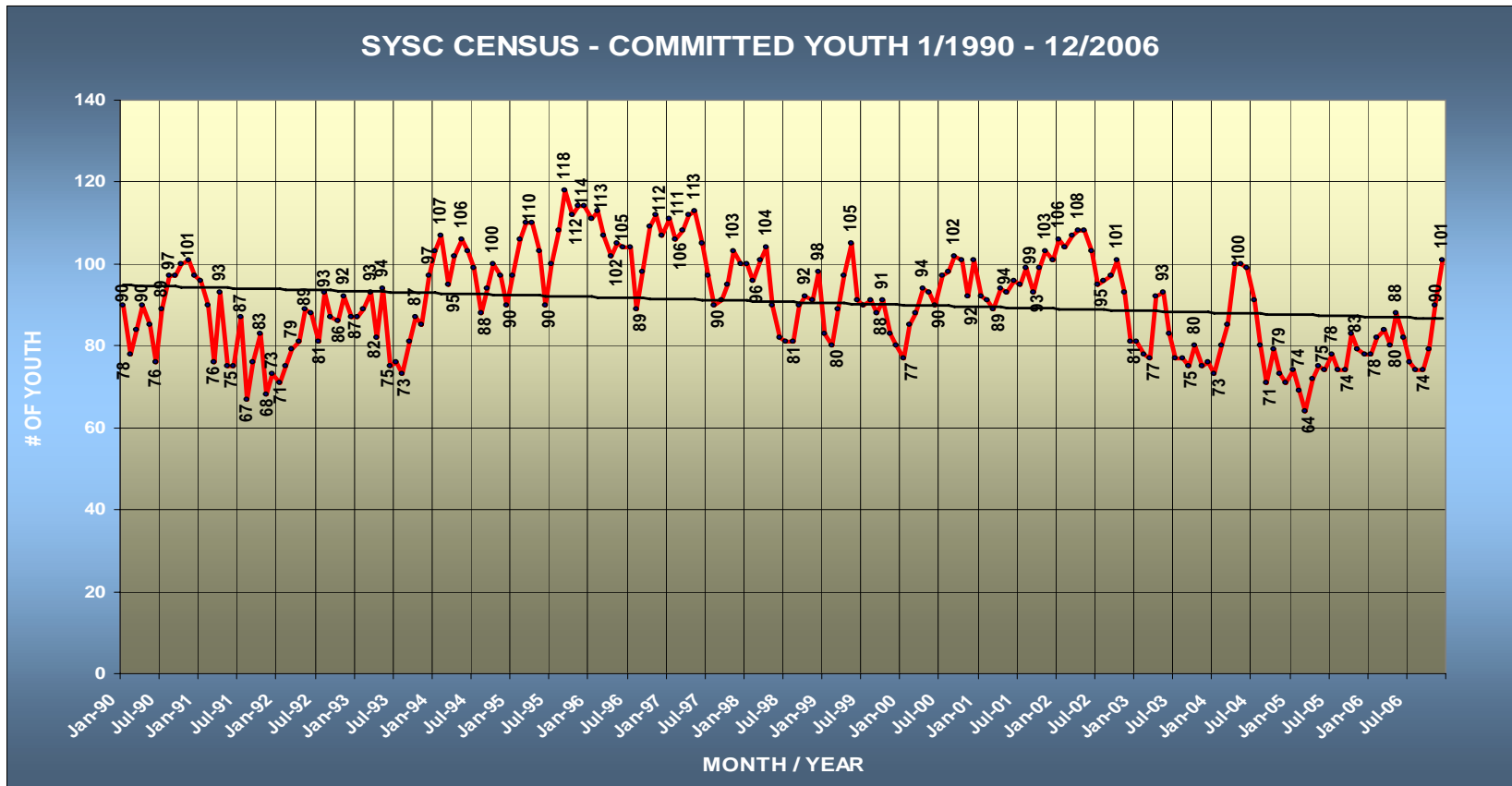


*Over the course of the year children may be counted in more than one category. For instance, a child who started the year committed to SYSC may be released to a non-secure treatment facility and later returned home for community-based supervision. There are 1811 instances where the same child is counted in two or more categories.

The total number of children served in the juvenile justice system on any given day is approximately 2700.



DJJS-Census at SYSC





DJJS SYSC EXCEL Program

The Excel Program at the Sununu Youth Services Center (SYSC) officially started on October 1, 2006. The program was created to meet the changing needs of juveniles in our State. This short term 90 day program is provided at the same rate as is currently assessed for youth committed to the facility, with the difference being the provision of diagnostic psychosocial and substance abuse evaluations for youth who are at risk to harm themselves or others, due to substance abuse or behavioral problems. A second primary goal is to evaluate youth early on and stabilize their behavior in a safe and secure setting (SYSC), to avoid prolonged out of home placements, promoting the ability of youth to be maintained at home and in their communities.

Criteria for Admission - Safety issues with behavior or substance abuse, unlikely to succeed in lesser restrictive settings, could benefit from 90 day treatment/stabilization and assessment.

Comprehensive Psycho-social Assessment - Psychiatric Issues-psychiatric consultation if needed, Substance Abuse Assessment, Educational Assessment-special needs recommendations, Vocational Assessment, Spiritual Assessment, Risk and Needs Assessment/Resiliency Assessment.

2 Week Treatment Plan Development

8 Week Treatment Plan Review

12 Week Court Hearing - Present Psycho-social Assessment and all other Comprehensive Psycho-social Assessments, youth to address admission issues and their resolution, review of treatment work done (individual, family, group counseling), Review appointments, education plan/recommendations, Review jobs community structured activity, Court Recommendations (Court reviews SYSC recommendations and orders/determines appropriate treatment).

Ongoing Review of Outcomes - SYSC will track EXCEL residents and their outcomes throughout their jurisdiction with the Court and DJJS.



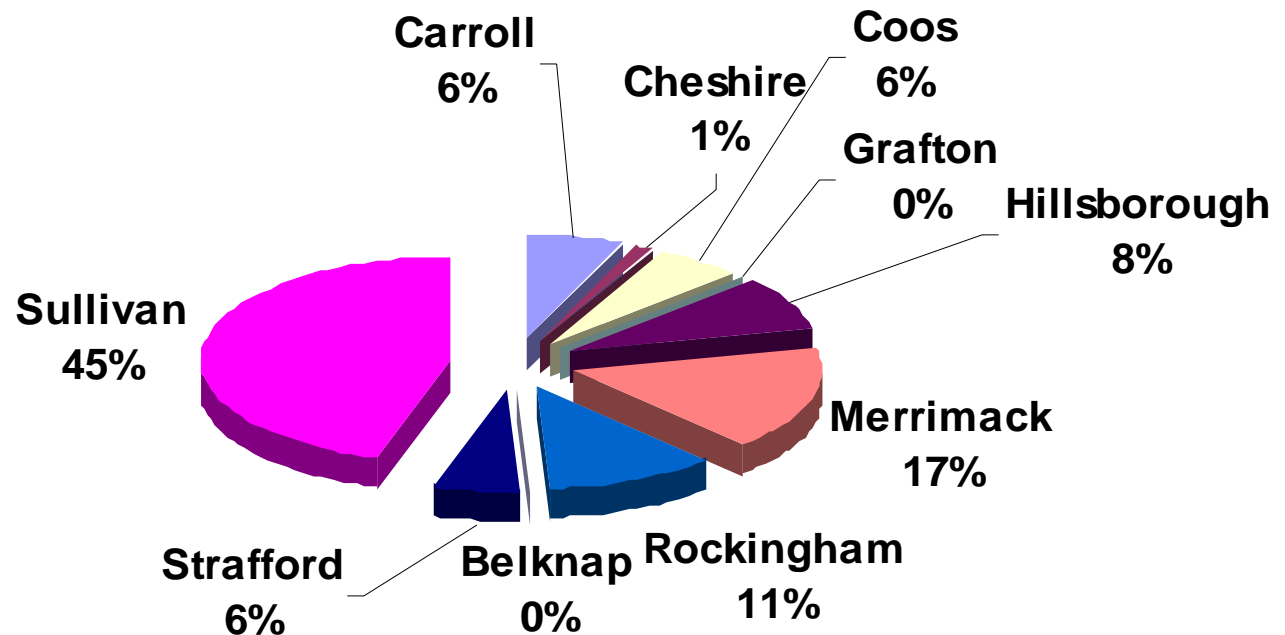
Tobey School

- The Tobey School contains both a middle school and a high school which provide a full range of academic and careers/technical education programming as approved by the NH Department of Education.
- The residential program is licensed and certified by the NH Department of Health and Human Services as an Intensive Residential Treatment Facility with a licensed capacity of 24 residential students.
- In addition to the academic and residential programs, the School provides clinical and family services including individual, family, and group therapy to students and their families.
- The School is also approved for 12 day students bringing the total capacity of the educational component to 36.
- The educational programs available at the Tobey School are approved by the NH Department of Education to serve a coeducational population aged 12-21.
- In the last two years, 120 students have enrolled in the Tobey Program.



Tobey School

SFY 2007 Tobey Bed Days by County as of 12/31/06





Division of Community Based Care Services (DCBCS)

- Bureau of Behavioral Health (BBH)
- Bureau of Elderly and Adult Services (BEAS)
- Bureau of Developmental Services (BDS)
- Office of Housing, Homelessness and Transportation (OHHT)
- Bureau of Medical Services



DCBCS Change Initiatives

Money Follows the Person- a federal initiative under the Deficit Reduction Act of 2006, which allows states to have more flexibility in transferring residents from nursing homes to community care. This program creates a 75% federal match for the first year that someone is placed in the community.

Cash and Counseling is an initiative that will be included in the HCBC-ECI waiver that will allow consumers more ability to both choose the services they would like, as well as the providers of that service. It will allow the consumer to hire and fire providers and decide from a range of possible services.

Adult Family Care currently being run as a pilot in Hillsborough County by the developmental services area agencies in Hillsborough County. Up to two persons are placed in individual homes. These are individuals who are on the HCBC-ECI waiver, who are unable to maintain themselves in their own home. It allows them to stay in the community in a homelike setting. Several of these people have been transferred from nursing homes to this setting.

Aging and Disability Resource Centers are set up in each county to provide information and referral services to adults with disabilities, frail elders and their families. Each office has information about services in that community. In addition to the information and referral services these centers provide assessment and counseling for those who need long term care services under Medicaid and the Family Caregiver program. As of January 1, 2007 these centers will take over the provision of Medicare counseling services as well



Bureau of Behavioral Health

- **The Bureau of Behavioral Health** oversees and provides funding to New Hampshire's public mental health system.
- Comprehensive mental health services are provided on a statewide basis through 10 Community Mental Health Centers, and 8 consumer run peer support agencies.
- Services provided include:
 - Emergency Services
 - Evidence Based Practices: Illness Management and Recovery and Supported Employment
 - Medication Services
 - Therapy Services
 - Community Rehabilitation Services
- Services are prioritized to adults with Severe Mental Illness and Children with Serious Emotional Disturbance [RSA 135-C]



Bureau of Behavioral Health

•FY 05

- Total Served: **38,749**
- Age Breakdown:
 - Adults: 27,135
 - Children: 11,614

•FY 06

- Total Served: **41,353**
- Age Breakdown:
 - Adults: 30,040
 - Children: 11,313

Overall Growth rate in clients: 2%

Overall Growth rate in BBH Medicaid Clients: 5.3%

New Hampshire is divided into **10** catchment areas and services are provided through:

a) **10** Community Mental Health Centers

- Independent, non-profits

b) **1** Community Mental Health Provider

- Housing for Individuals with Mental Illness

c) **8** Peer Support Agencies

- 14 Sites across NH
- Consumer run, non-profits



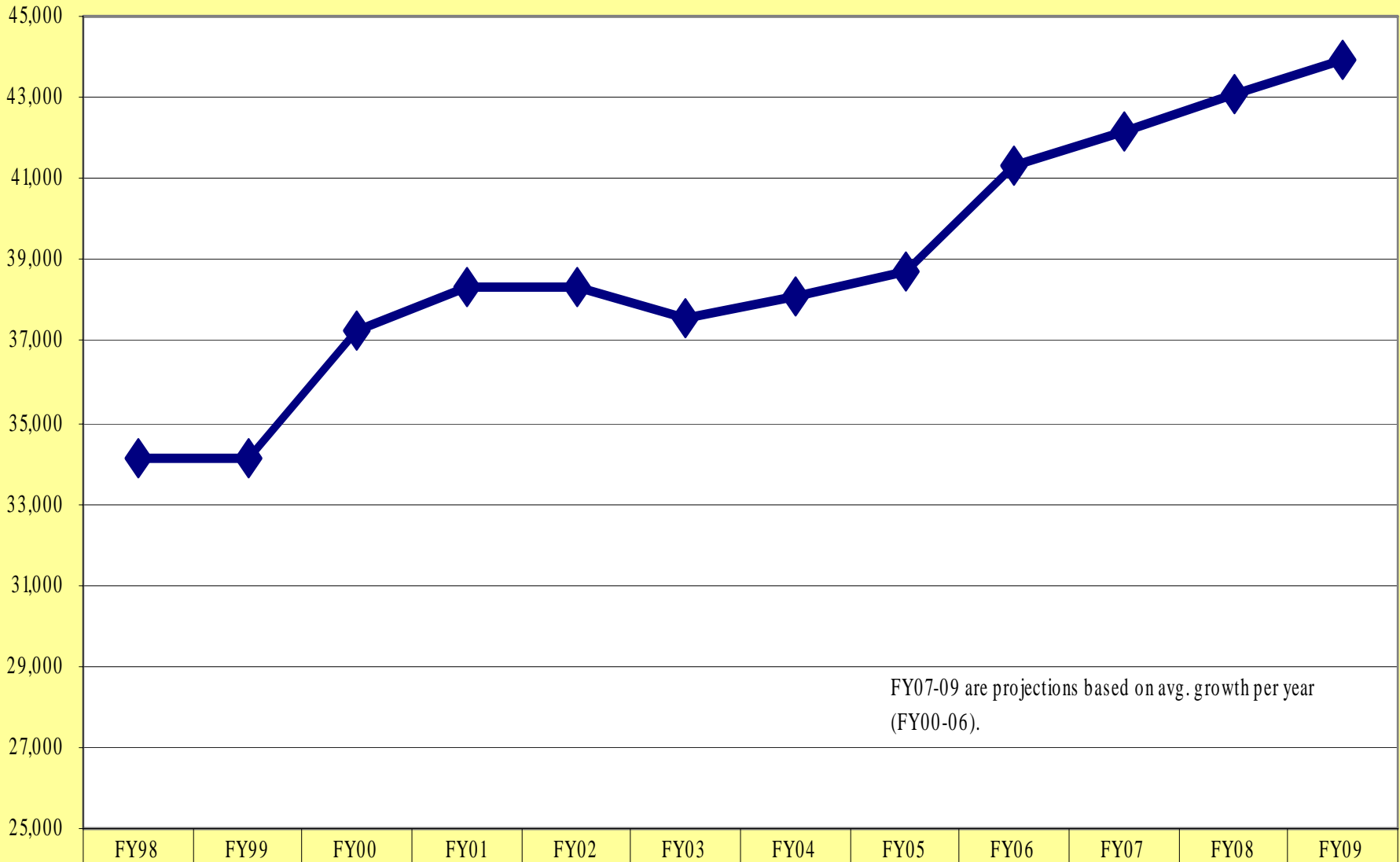
Utilization Increases Average Annual Hours of Service Per Consumer- Most Impaired Group

•FY 02	Adults: 81	Children: 34
•FY 03	Adults: 69	Children: 34
•FY 04	Adults: 63	Children: 31
•FY 05	Adults: 57	Children: 29
•FY 06	Adults: 60	Children: 31

FY 05 to 06 increase, adults: **5.2%**

FY 05 to 06 increase, children: **6.8%**

TOTAL CLIENTS SERVED BY CMHC's



<div></div> <div>TOTAL</div>	34,103	34,146	37,280	38,334	38,359	37,597	38,088	38,749	41,353	42,189	43,050	43,937
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Bureau of Developmental Services

The Bureau of Developmental Services funds and oversees services to people with:

- **Developmental Disabilities (DD)** - [RSA 171-A]
 - Mental retardation (MR), autism, cerebral palsy, epilepsy, or a specific learning disability requiring treatment similar to that required for MR
- **Acquired Brain Disorders (ABD)** - [RSA 137-K]
 - Traumatic brain injury, Huntington's disease, strokes occurring prior to age 60

The individuals with DD or ABD typically require extensive services for a lifetime, i.e. they need "long-term care."



Bureau of Developmental Services

BDS also manages:

- **Family Support Services to Children with Chronic Health Conditions and their families - [RSA 126-I]**
 - Children with severe and chronic health conditions such as asthma, diabetes, cancer, or heart condition
 - In FY '06 over **1,177** children and their families received supports
- **Medicaid to Schools Program - [RSA 186-C]**
 - Children who qualify for special education and have Individual Education Plans (IEP)
 - In FY '06 the local NH school districts received more than **\$18M** in federal funds to serve over **8,200** students



Area Agency Consolidation

Recommendation-June, 2004

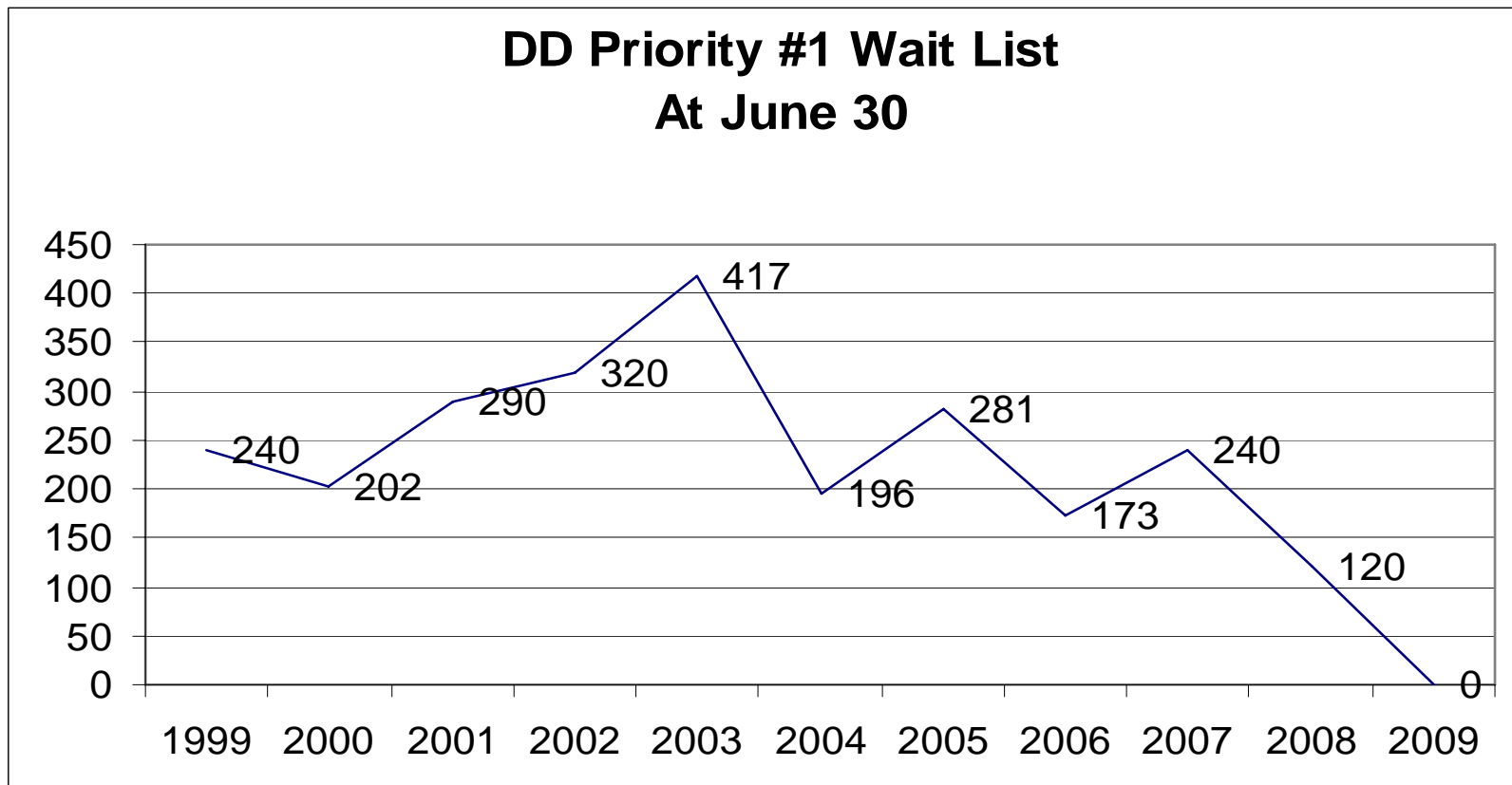
- Merge Center of Hope, Center Conway (Region 11)
With Northern New Hampshire Mental Health and Developmental Services,
Conway (Region 1)
- Merge United Developmental Services (UDS) in Lebanon (Region 12)
With Developmental Services of Sullivan County (DSSC) in Claremont (Region 2)
- Estimated Annual Savings In Administrative Cost: \$656K to \$821K

Results

- Actual Savings-SFY07: \$787K
- 40 people from waitlist provided services with the savings. Waiting period for these individuals ranged from 90 days to a year. 33 received funding for day/vocational services, 9 received funding for residential services and 3 received funding for independent living services.



Developmental Services Waitlists





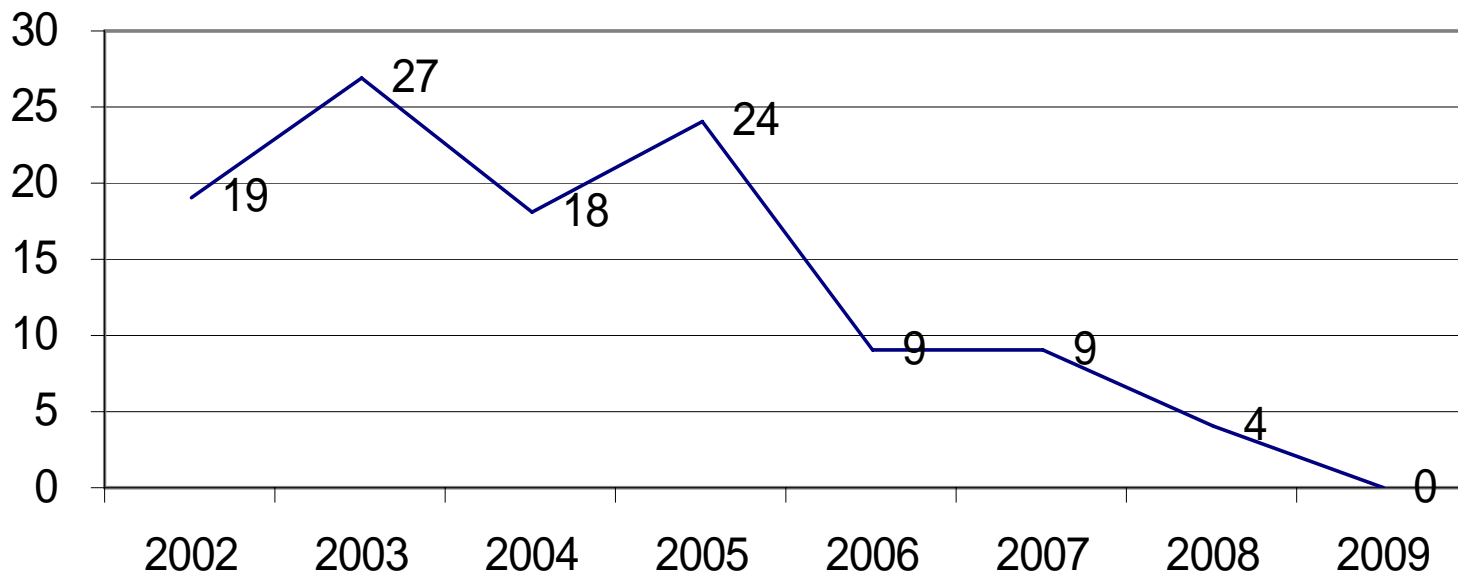
DD Waitlist Budget Request

- **RSA 171-A:1-a requires BDS to request full funding for the Developmental Disability Wait List.**
- **Accordingly BDS is requesting a total of \$14.2M in GF for the next biennium:**
 - **\$3.8M in GF (\$7.7M total funds) for FY '08; and**
 - **\$10.4M in GF (\$20.8M total funds) for FY '09.**
- **For the biennium the new funds will enable the area agencies to serve approximately 444 additional individuals.**
 - **As of 9/30/06 there were 208 individuals on the DD Wait List.**
 - **It is projected that:**
 - **By 6/30/07 there will be a backlog of 264 people;**
 - **During the next biennium 180 (90 per year) new people will also be added to the Wait List.**



Developmental Services Waitlists

**ABD Waitlist
At June 30**





ABD Waitlist Budget Request

- BDS is requesting a total of **\$1.15M in GF** for the next biennium:
 - **\$289K in GF** (\$908K total funds) for FY '08; and
 - **\$864K in GF** (\$2.4M total funds) for FY '09.

(Note: The above projections assumes enhanced Federal Fiscal Participation through the CMS Money Follows Person grant)

- For the biennium the new funds will enable the Area Agencies to serve approximately **39** additional individuals.
 - As of 9/30/06 there were 5 individuals on the ABD Wait List.
 - It is projected that:
 - By 6/30/07 there will be a **backlog** of **9** people
 - During the next biennium **30** (15 per year) **new** people will also be added to the ABD Wait List.

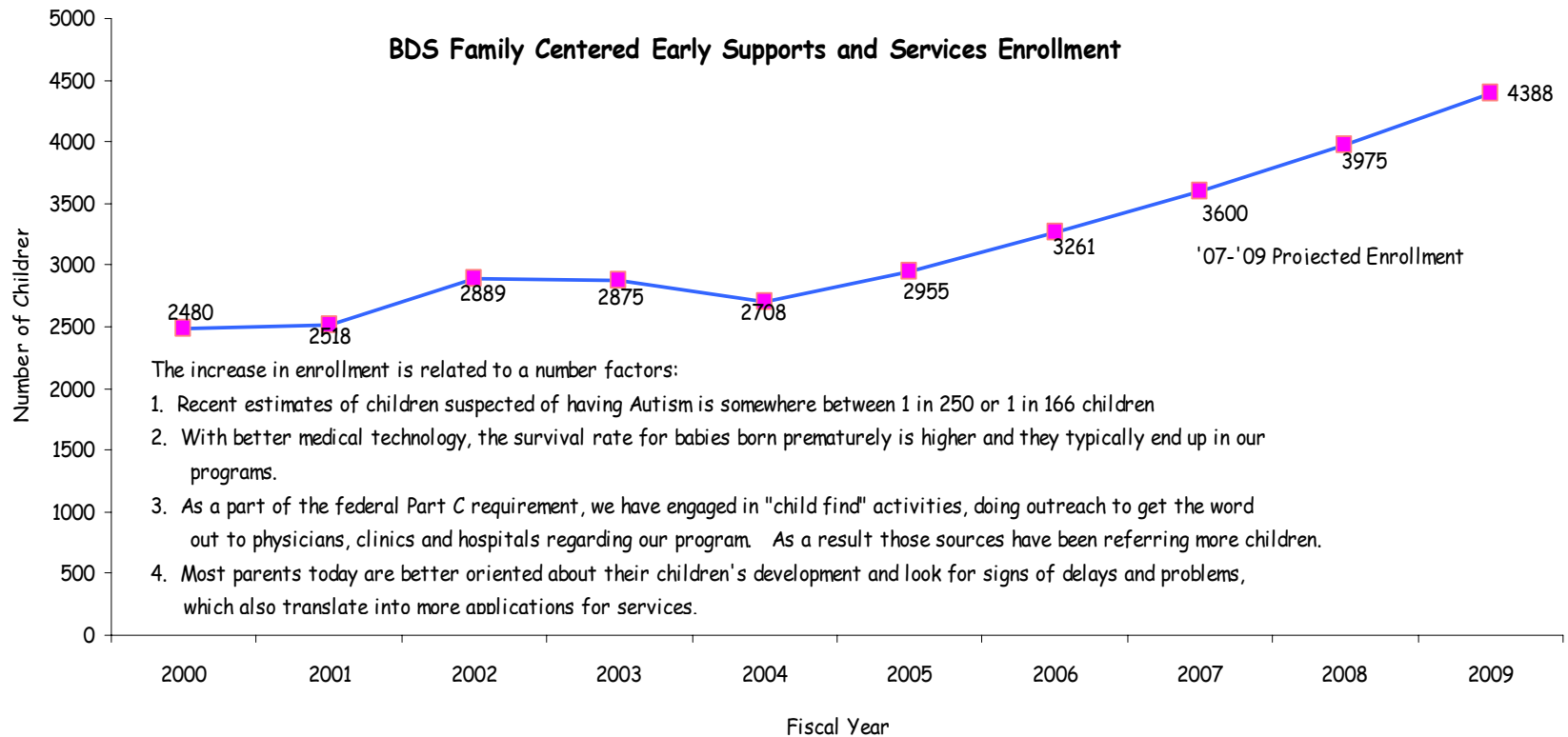


Family Centered Early Intervention Support and Services

- In Early Intervention (EI) funding BDS is requesting the following increases:
 - **\$1.3M GF** in FY '08; and
 - **\$2.0M GF** in FY '09.
- EI provides services to infants and toddlers (birth to age 3) and their families, such as:
 - Physical, occupational, and speech therapy;
 - Other types of assistance to parents in helping the development of their children.
- NH participates in and draws funding from the federal Part C Program.
 - Part C is a component of the federal Law IDEA (Individuals with Disabilities Education Act).
- Part C requires States to engage in "child find" outreach activities to educate physicians, clinics and hospitals to ensure children's referral to EI services.



Family Centered Early Intervention Support and Services Enrollment





Bureau of Elderly and Adult Services

➤ BEAS HCBC Services include:

Home Health Aide, Homemaker, Adult In Home Care, Personal Care, Nursing, Case Management, Nursing Care, Adult Medical Day and Adult Family Care

➤ BEAS Nursing Facilities

➤ BEAS Mid-Level Facilities

➤ BEAS Social Services include:

Adult In Home Care, Homemaker, Home Health Aide, Adult Group Day Care, Nutrition both Home Delivered and Congregate Meals, Transportation Services, Family Caregiver Programs and ServiceLink

➤ Adult Protective Services

➤ Provider Payments Include:

In Patient Hospital, Out Patient Hospital, Drugs, Skilled Nursing Facilities and various other services.



Long Term Care

Supports long term care provided in the community

- Adult Protective Services
- GraniteCare
- Money Follows the Person
- Cash & Counseling
- Senior Wellness Programs



Adult Protective Services

"Protecting Elderly and Incapacitated Adults"
State Fiscal Year 2006: The Numbers

- 2,327 Reports Received
- 1,905 Investigations Conducted
- 1,097 Investigations Founded



Adult Protective Services

"Protecting Elderly and Incapacitated Adults" State Fiscal Year 2006: The Report Types

➤ Self-Neglect	1,099
➤ Emotional Abuse	368
➤ Neglect	312
➤ Physical Abuse	255
➤ Exploitation	252
➤ Sexual Abuse	41



Senior Center Wellness Program

Participating Senior Programs

Atkinson Recreation Commission Senior Program
Belknap-Merrimack CAP-7 locations
Charlestown Senior Citizens Club
Claremont Senior Center, Inc
Danbury Workshop Inc.
Gibson Center for Senior Services (North Conway)
Greater Wakefield Resource Center Inc.
Grafton Senior Citizens Council-6 locations
Keene Senior Center
Londonderry Senior Center (Town of)
Newport Senior Center Inc.
Ossipee Concerned Citizens, Inc.
Pelham Senior Center
Portsmouth Housing Senior Citizen Center
Prime Time-Catholic Medical Center-Manchester
Rockingham Nutrition & MOW Inc-Exeter Sr. Ctr.
Salem Council on Aging, Salem Senior Center
Senior Activity Center, Nashua Senior Center
Somersworth Housing, Fillion Terrace Senior Ctr
Tri County CAP North Country Elderly Programs
Vic Geary Senior Center, Town of Plaistow
White Birch Community Center (Henniker)
Wm. B. Cashin Senior Activity Center Manchester

Sample of Programs Funded

Aerobic and exercise classes
Agile Up Fitness Program
Aqua Aerobics Exercise
Educational and socialization programs
Foot clinic, walking program, socialization for rural residents
Healthwise Program
Healthy Eating, Nutrition and cooking for one
Heart rate monitor, treadmill recumbent bike, rowing
marching, fitness groups, age in motion
Line dancing, chair exercise
Nutrition education program
Strength training program
Stress management program/aromatherapy, reikki
Tufts' Strong Living Program
Walk More and Eat Better Program
Walking program
Wellness education, walking group, diet support group
Wellness program 1. Exercise, 2. Nutrition
Yoga instructor
Treadmill recumbent bike, rowing marching, age in motion

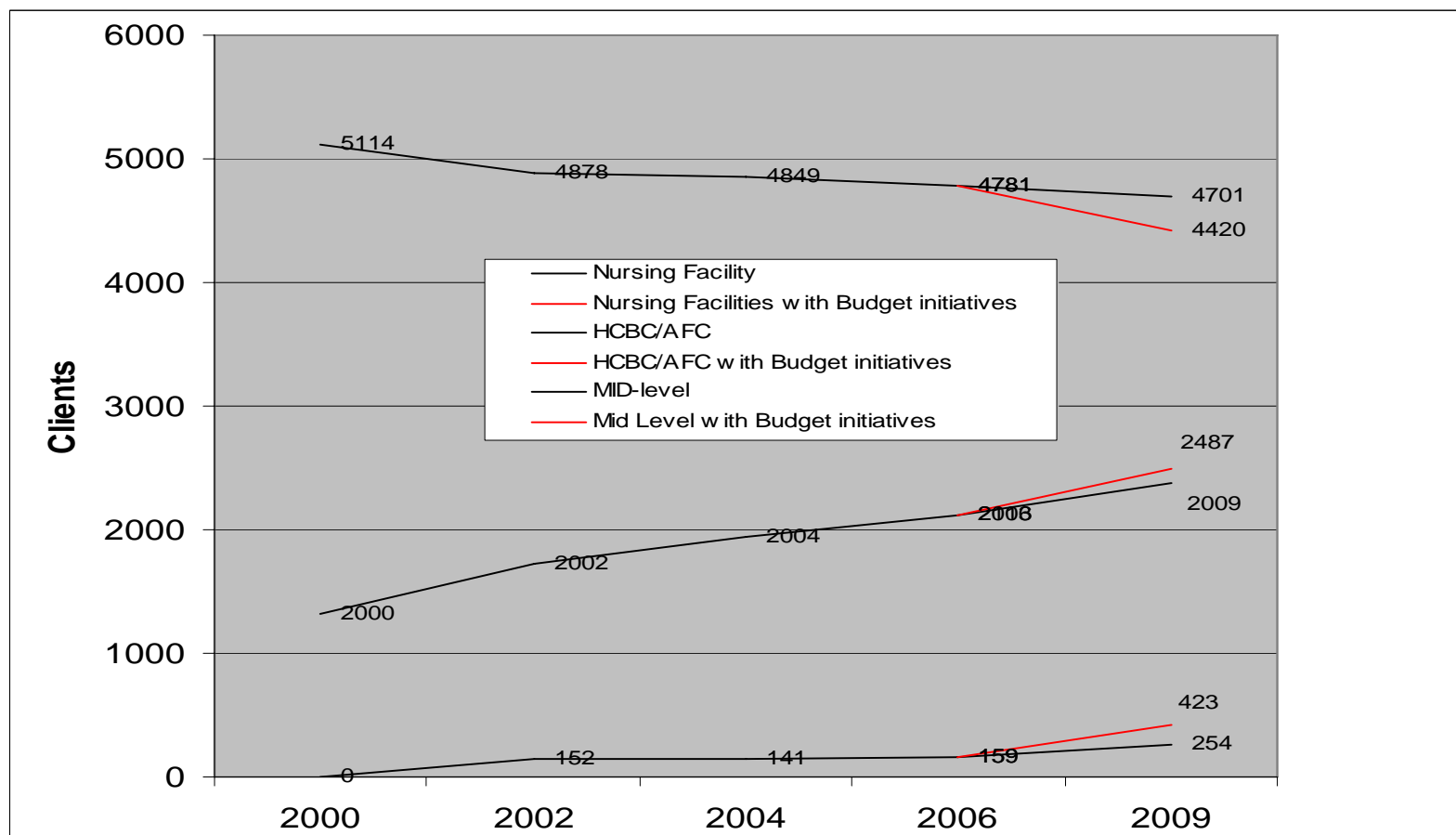


Summary of Client Caseload

Bureau of Elderly and Adult Services				
Summary of Client Caseloads				
Medicaid Services	SFY '04	SFY '05	SFY '06	
Nursing Facilities	4,849	4,815	4,781	
Other Nursing Facilities	46	41	44	
HCBC-ECI	1,940	1,960	2,113	
Mid-Level	141	147	159	
Provider Payments	6,966	6,965	7,097	
Social Services				
Adult Group Day Care	440	394	422	
Homemaker	2,364	2,353	2,209	
Adult In Home Care	758	746	776	
Meals - Home Delivered	9,956	11,359	12,111	
Congregate Meals	13,163	14,715	15,101	
Transportation	5,677	7,048	7,313	
Vendored Services	370	677	722	
Family Caregiver	432	435	289	
Congregate Housing	238	236	232	
ADRD	0	280	874	
Servicelink	32,774	36,707	31,170	



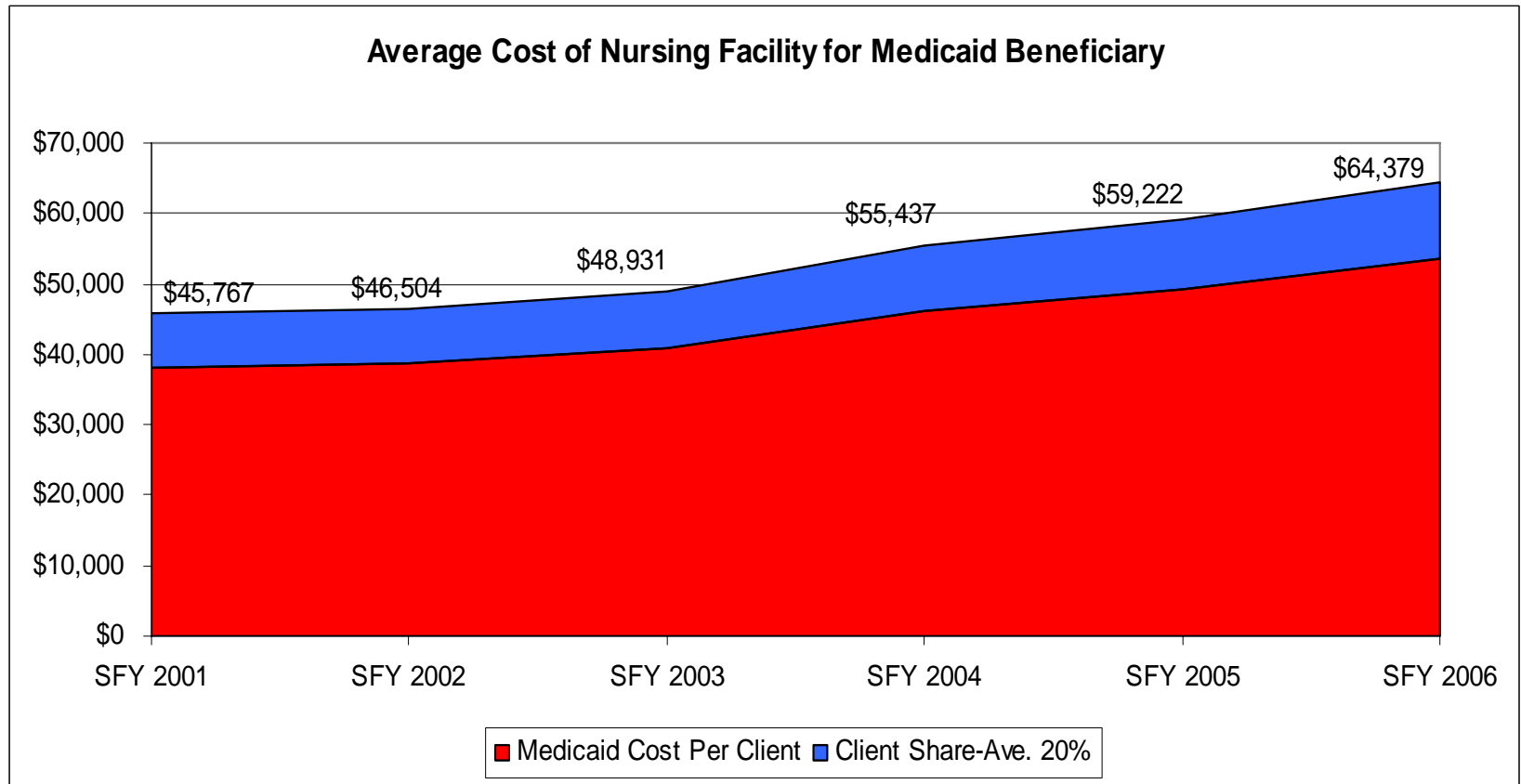
Long Term Care Clients





Cost Per Client In Nursing Facilities

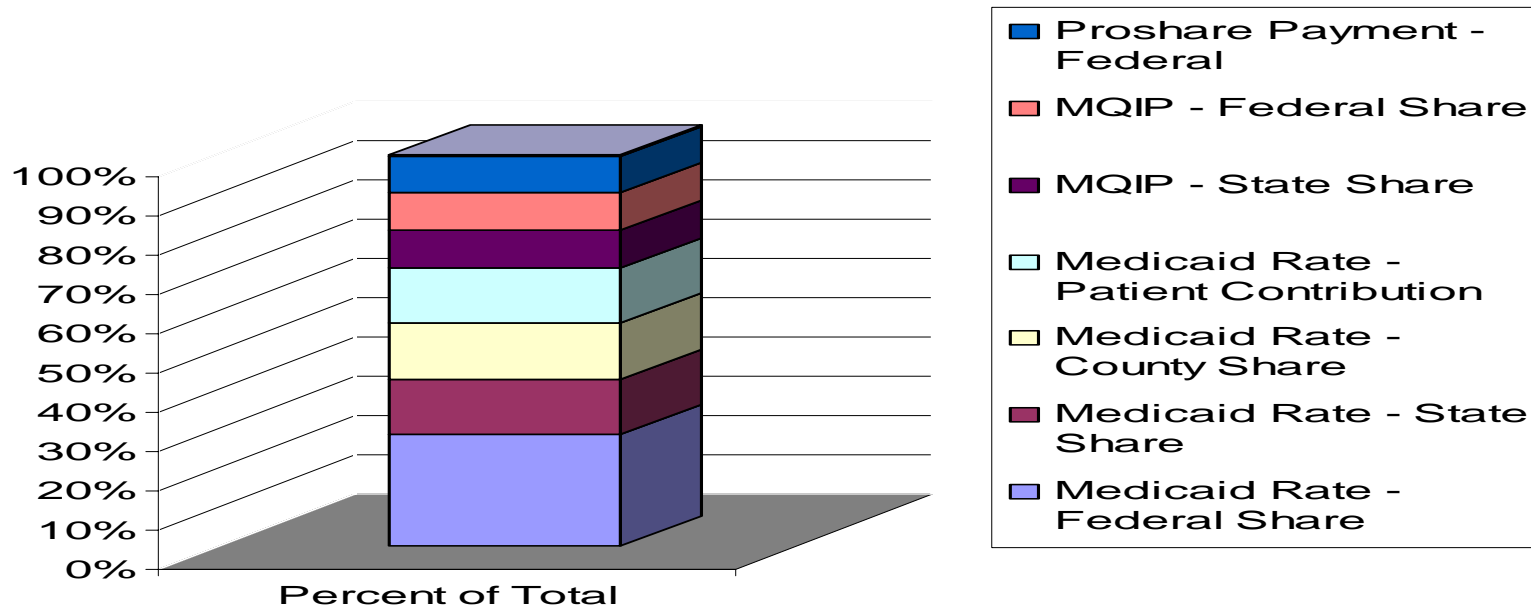
Includes MQIP and Proshare





Average Payment to County Nursing Facility

Average County Rate By Payer Source





Impact to Counties for Returning Lapsed Nursing Home Funds - SFY 06

	Net Impact of 2006	Proshare Forfeit County Share	Total County Impact
Belknap	27,561	(44,342)	(16,781)
Carroll	13,005	(34,944)	(21,939)
Cheshire	26,446	(53,332)	(26,886)
Coos	77,018	(75,769)	1,249
Grafton	30,113	(49,268)	(19,155)
Hillsborough	(119,580)	(120,761)	(240,341)
Merrimack	85,746	(121,028)	(35,282)
Rockingham	4,407	(92,957)	(88,550)
Strafford	72,251	(81,368)	(9,117)
Sullivan	68,312	(57,467)	10,845
Grand Total	285,279	(731,236)	(445,957)



Attorney General Opinion on Nursing Home Reimbursement

- State law not violated in manner that legislature appropriates funds for nursing home care in NH.
- DHHS is not violating state law in its method of paying nursing homes in state
- RSA 167:18-b, I and II do not create funding obligations on part of the State to provide funding at a particular level
- RSA 167:18-b focuses on the Counties obligations with respect to reimbursing the public assistance fund fifty-percent of the no-federal share
- Budget neutrality factor does not require DHHS to expend all funds in the PAU, without lapse.
- DHHS interpretation of budget neutrality factor is consistent with statute



Office of Housing, Homelessness and Transportation

Goals:

- (1) grant administration and operations for homeless programs;
- (2) homeless planning and development initiatives; and
- (3) transportation coordination.



State-Funded Homeless and Housing Activities Service Summary, SFY 2006

Shelter Service Totals

6,435 persons sheltered (Emergency and Transitional)

Of persons sheltered there were:

4,280 single adults	(66.51% of total)
850 adults in 895 families	(13.21% of total)
1,305 children in families	(20.28% of total)

... including:

- 1,847 persons with known Mental Illness
- 1,558 persons with Alcohol Abuse
- 899 persons with other Substance Abuse
- 864 persons with Dual Diagnosis (mental health and substance abuse)
- 1,375 victims of Domestic Violence
- 451 veterans
- 19 persons with HIV/AIDS
- 1,092 persons who are chronically homeless

Special Needs Programs

3,920 Homeless Outreach/Intervention clients served (within Balance of State Continuum of Care only)

129 Permanent Housing for Handicapped Homeless persons served

82 Transitional Housing persons served

5 Shelter + Care

315 HOPWA HIV/AIDS clients served

1,173 Projects for Assistance in Transition from Homelessness (PATH) persons enrolled (SFY 2004)

Housing Security Guarantee Program

1,041 housing certificates issued

Rental Guarantee Program

17 grants issued

\$6 million dollar total
(of which \$3 million general fund)



Bureau of Medical Services

Disability Determination Unit

- Work to complete medical eligibility determinations is centralized within the Concord office
 - Aid to the Permanently and Totally Disabled,
 - Medicaid for Employed Adults with Disabilities
 - Aid to the Needy Blind
 - Home Care for Children with Severe Disabilities
- State employee staff are supplemented with the use of 7 contracted nurse reviewers and 4 Physicians also on contract

Medicaid Client Services

- Work is centralized in the Concord office and completed by State staff
- Activities include:
 - Call Center for recipient benefits questions
 - Assistance with locating health and dental providers, including appointment scheduling
 - Transportation assistance



Bureau of Medical Services

Special Medical Services

- Specialty clinic services and care coordination activities are delivered by State staff and contractors in local communities
- Funds health care and provides financial assistance to certain low income families with children with special health care needs
- Supports parents as caregivers to these children thru funding for NH Family Voices and Parent to parent of NH
- Provides financial assistance with medical bills for persons with catastrophic illnesses

Prior Authorization Services

- Work is centralized in the Concord Office and completed by State staff
- Gov and Council approved a contract effective Jan 10th for outsourcing of all Medicaid prior authorization activities to a vendor
- Work will be underway shortly to transfer these responsibilities to the selected vendor



New Hampshire Hospital

Acute Psychiatric Services Building – 200 beds – Age 15.5 plus

Adult Emergency Admission Unit (AEAU) (C, D, E & F Units) anticipating rapid evaluation, stabilization and return to the community. Complicated treatment situations will entail early transfer to one of the Intensive Care Units (ICUs)

Intensive Care Unit (ICU) (G & H Units) most complex, seriously afflicted and treatment unresponsive individuals across New Hampshire. Thrust will be towards sophisticated high-tech evaluation, state of the art medication trials, expert consultation, combined with behavioral modification interventions, comprehensive treatment planning and the transfer of patients at the point of beginning response to less intensive units capable of following through on the treatment design.

Active Psychiatry Units (APU) (J1 & J2) admissions from within NHH only to facilitate the ready flow of clients from the AEAU and ICU onward and outward through the system. Patients continue to require the Hospital level of care because of the severity of their illness, dangerousness to themselves, co-morbid medical-neurological conditions or concomitant antisocial behaviors that preclude their immediate community placement.



New Hampshire Hospital – cont.

Neuropsychiatry Intensive Care Unit (NICU) (I Unit) neuropsychiatry, because of the intensive nature of its services and the complexity of its clientele, combining issues of brain damage, mental retardation, metabolic illness, psychiatric disorders and paradoxical reaction to standard medications.

Adolescent Emergency Admission Unit (Adol. EAU) (F Unit) = to convert from partial adult to adolescent beds on July 1, 2004. Adolescents age 15 and above will be served in this 27 bed unit. F Unit will have the capability to operate Adult Emergency Unit (AEU) swing beds, as need dictates.

Anna Philbrook Center – 22 Beds – Ages 4-15.5

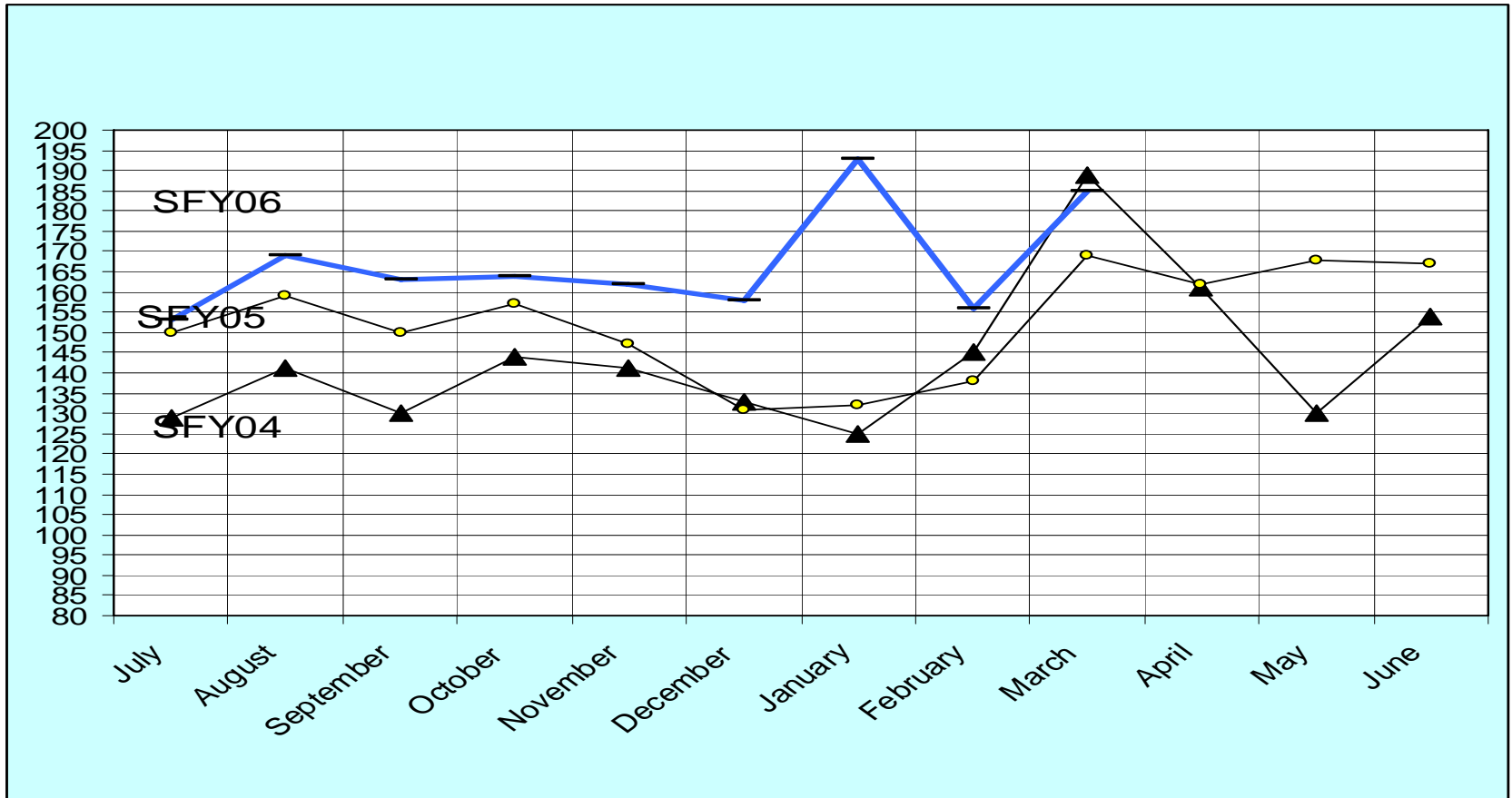
Child Emergency Admission Unit (CEAU) (located in APC) every effort will be made to limit the length of stay to 30 days to preclude the use of Adol. And CEAU as residential placements. CEAU will be located in APC, with a capacity of 22, serving children under the age of 15.

Transitional Housing Services – 49 beds – Adult Population

Continuing Care Unit (CCU) Patient population would be from NHH for those individuals needing resources to prepare for community placement. Individuals may be involved with the court through "not guilty by reason of insanity". Patients must be able to self-medicate and attend day programming.



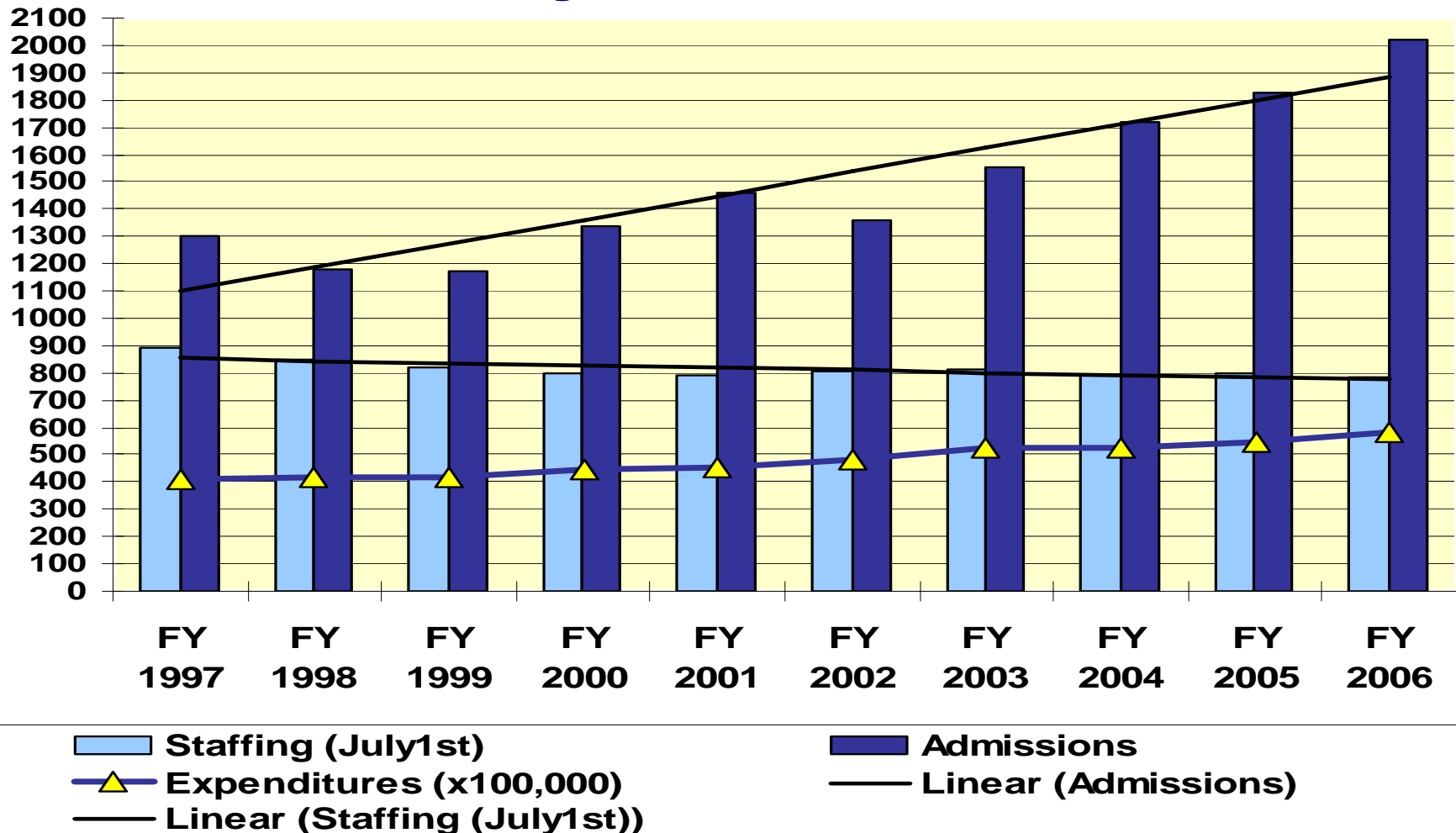
New Hampshire Hospital Admissions Increasing



ADMISSIONS, STAFFING AND EXPENDITURES

A Ten Year History (FY1997- FY2006)

In the last five years, admissions have increased 49%,
expenditures only 22% (less with corrections for inflation)
and staffing has been the same or less.





Secure Psychiatric Unit

Estimated DHHS Financial Impact of Sexual Predator Evaluation and Move of Secure Psychiatric Unit (does not include costs to other state agencies)

Figures round to \$000	Capital Budget	SFY08	Operating Costs SFY09	SFY10	SFY11
Psychiatric Evaluations					
Related to requirements of HB1692 for assessment and evaluation services		\$200	\$200	\$200	\$200
Development of programming for sexual offenders currently at the Hospital		\$86	\$86		
Secure Psychiatric Unit					
Relocate the Secure Psychiatric Unit from Dept of Corrections to DHHS, Tobey Bldg					
Renovations to Tobey Building	\$24,800				
Operating Costs					
Program development and construction management		\$600	\$984		
Operating Costs (primarily personnel-220 new positions)				\$7,331	\$17,316
Potential federal participation				(\$2,565)	(\$8,311)
TOTALS	\$24,800	\$886	\$1,270	\$4,966	\$9,205

SPU Phase-in will anticipated to begin July 2009 (FY10) and continue in increments of 12 bed pods every 3 months and completed by November 2010 (FY11) to full capacity of 68 - 72 beds.



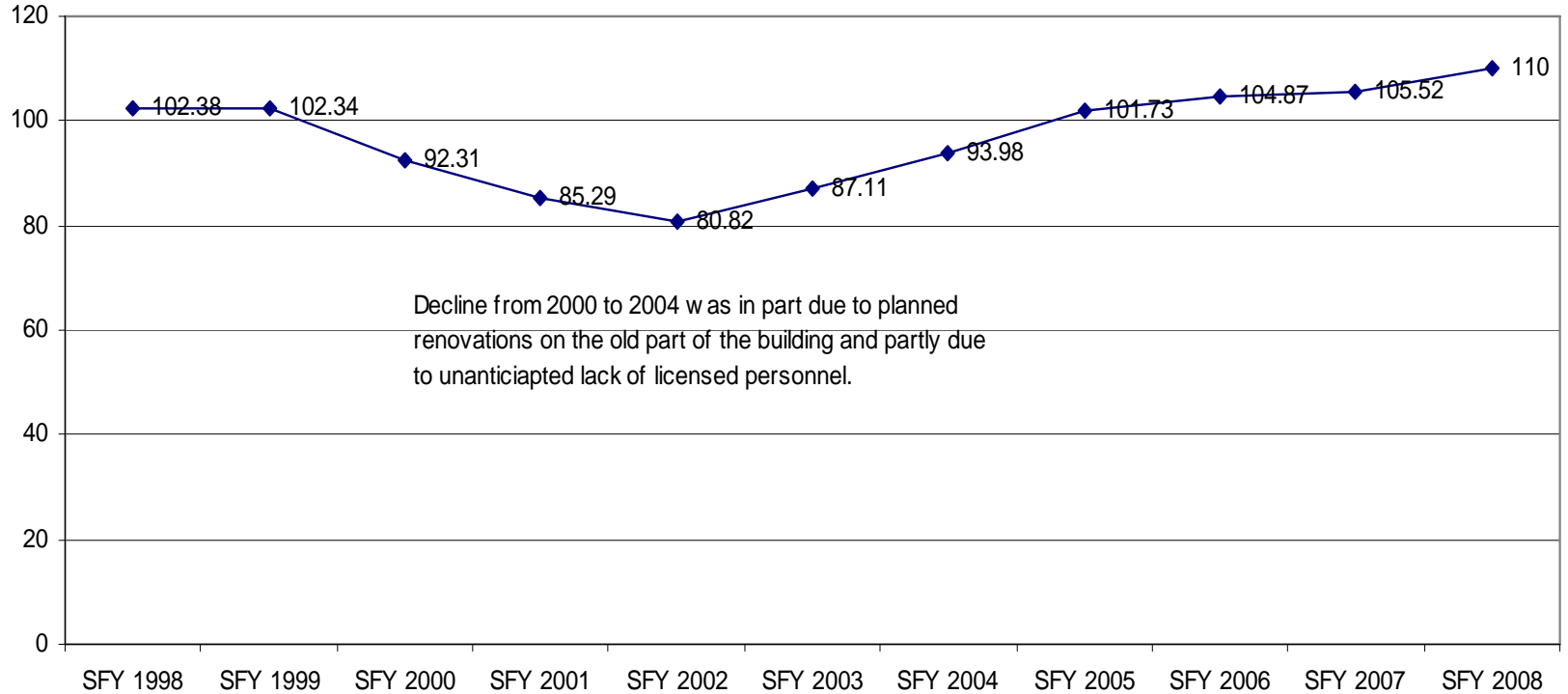
Glenclyff Home

- Glenclyff Home provides services for NH citizens who have a diagnosis of Mental Illness or Developmental Disability that cannot have their needs met at other Nursing Facilities due to their unique psychiatric needs and/or behavioral issues.
- All residents must have been rejected by or discharged from other Health Facilities.
- 85% of residents are admitted from New Hampshire Hospital
- Glenclyff Home has one Change Initiative submitted as part of the Agency Budget request: To reduce the current waiting list by increasing current bed capacity of 110 to 120.



Glenclyff Home Billable Bed Days

Glenclyff Home for the Elderly Census





Division of Family Assistance (DFA)

Mission of DFA

- Cash assistance for low income people.
- Nutritional assistance for low income people (food stamp program)
- Eligibility services for other division programs.
- Moving able-bodied people to independence.
- Careful stewards of taxpayer dollars.



Temporary Assistance to Needy Families-TANF

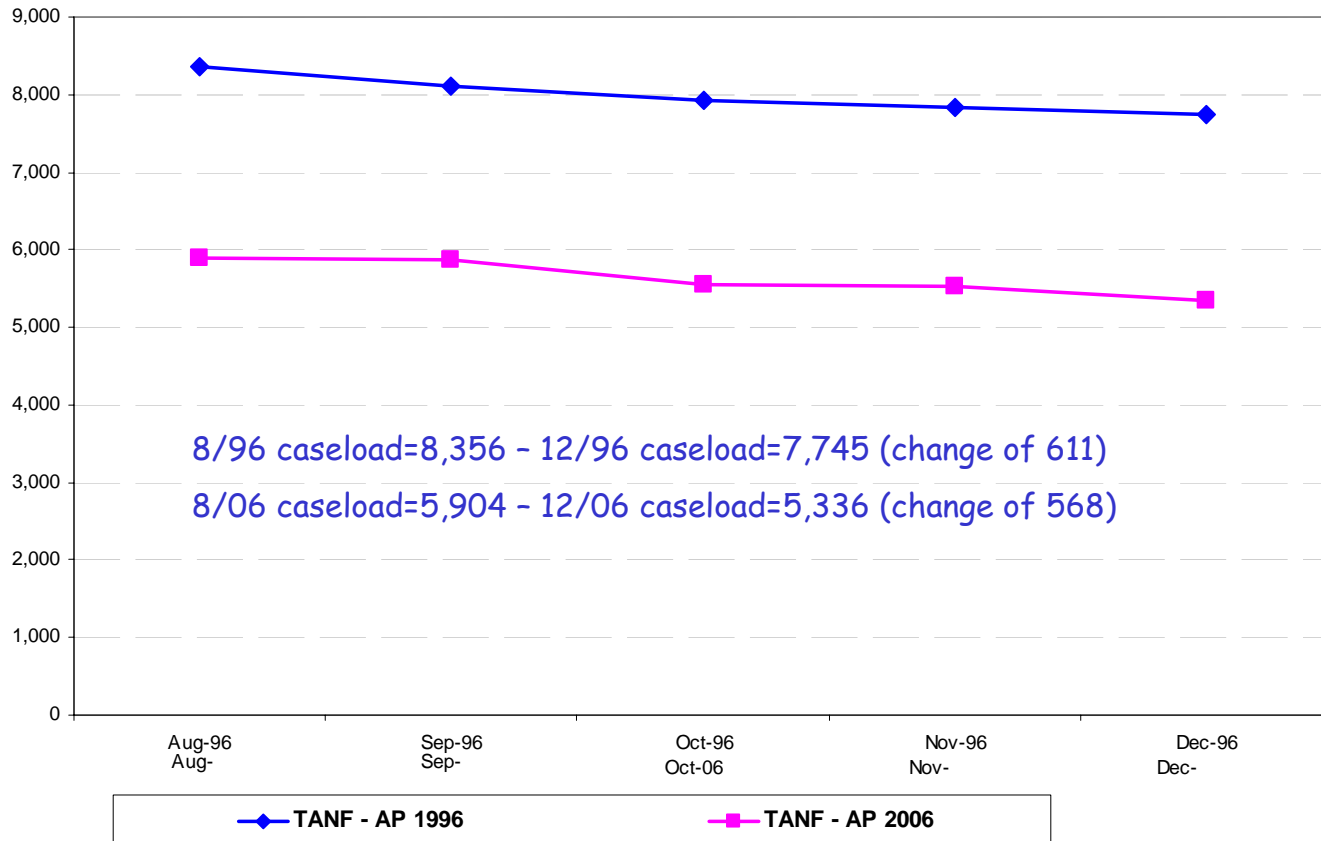
Enhanced supports to help parents of
TANF program move to
financial independence through work

- Work Participation Plan
- Develop child care resources

TANF Caseload Decline Comparison 1996-2006

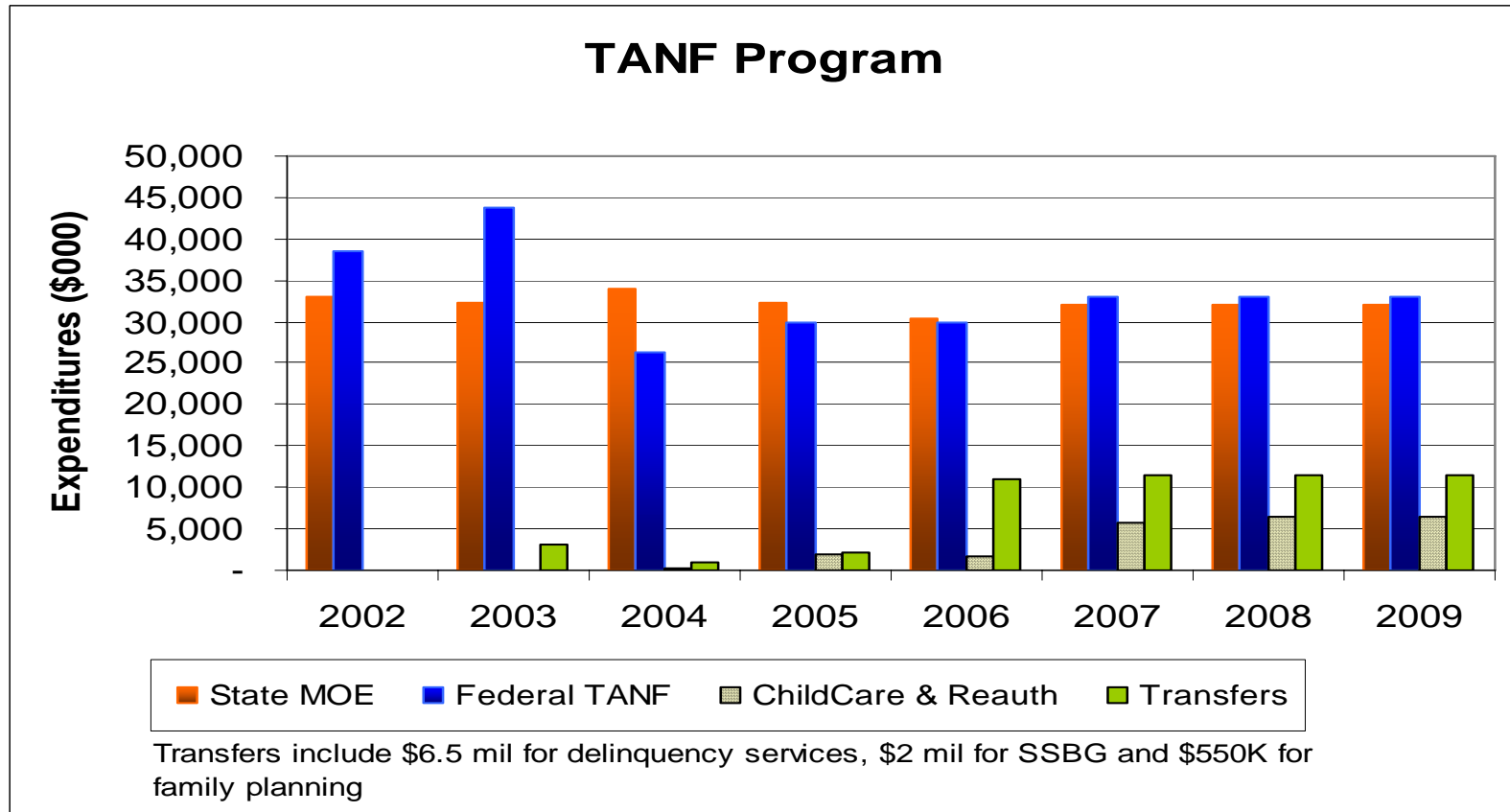


NH- TANF - AP Comparing Months (Aug. - Dec.) for 1996 and 2006





TANF Program





TANF Reauthorization Work Participation Plan

➤ Child Care Support

Funding for additional child care placements

Child Care Solutions Program: Encourage participants to become child care providers

Child Care Boost: Develop additional license-exempt, neighborhood child care providers.

Enhance child care barrier identification and resolution through prompt and accessible resource and referrals

➤ Transportation Support

Funding for additional transportation costs

Increase mileage rate from \$.25 to \$.30

Expand Good News Garage services for clients in remote areas



TANF Reauthorization Work Participation Plan

➤ Employment Support

Community actions programs to develop community work experience

Statewide AWEP Development Project

Work Experience Placements (WEP's): field staff expected to increase slots and placements weekly; assign field responsibility, track, monitor and report back

➤ Employment Program Orientation

- Before HB 1331, 70% of clients failed to show for Orientation to work program

- Today, of 743 scheduled orientation appointments in November only 24 were denied for failure to show.



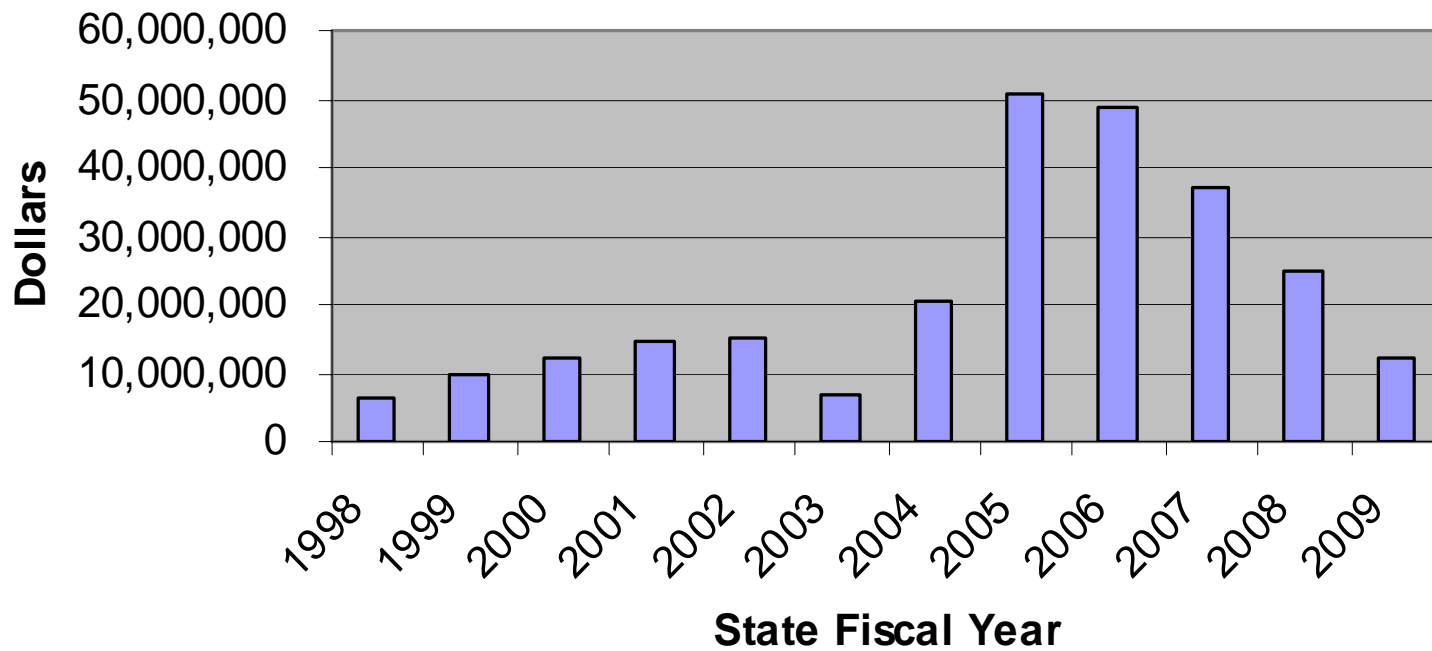
TANF Post Employment Support

- Job Retention & Re-employment Support-Extended case management, mentoring, work subsidies to employers, training programs
- Entitlement Supports-Referrals to support services available in the community and from entitlement programs such as Medicaid (12 months) and food stamps (6 months)
- Barrier Resolution Support
- Child care,
- Transportation, Work-related expenses transportation allowances, auto repairs,
- Rent assistance, utilities,
- Dental care, allowance for out-of-pocket contributions from the worker for company-provided health insurance and child care support;
- Coordination of community action agency and other resources.



TANF Federal Funds

TANF Federal Fund Reserve





Office of Medicaid Business and Policy

- Federal-State funded entitlement program
- Provides medical benefits to 5 main groups of low income individuals as mandated by CMS
- Approximately 104,000 eligible in New Hampshire
 - Children - 71,400
 - 64,000 Medicaid
 - 7,400 State Children's Health Insurance Program (SCHIP)
 - Adults in families with dependent children and Pregnant Women - 16,000
 - Individuals with disabilities - 13,000
 - Elderly - 11,000
- Requirements vary by state

2007 POVERTY LEVEL GUIDELINES

ALL STATES (EXCEPT ALASKA AND HAWAII) AND D.C.

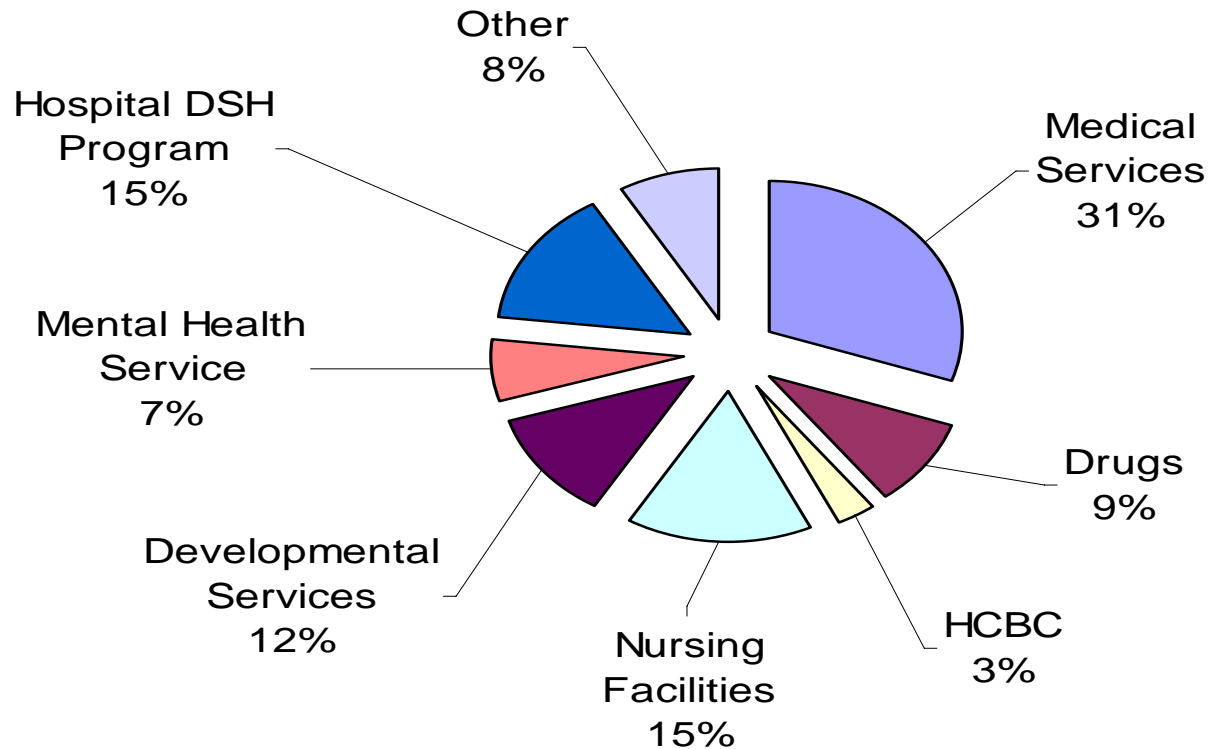
Income Guidelines as Published in the Federal Register on January 24, 2007
ANNUAL GUIDELINES



	Percent of Poverty											
FAMILY SIZE	100%	120%	133%	150%	170%	175%	185%	190%	200%	250%	300%	400%
1	\$10,210	\$12,252	\$13,579	\$15,315	\$17,357	\$17,868	\$18,889	\$19,399	\$20,420	\$25,525	\$30,630	\$40,840
2	\$13,690	\$16,428	\$18,208	\$20,535	\$23,273	\$23,958	\$25,327	\$26,011	\$27,380	\$34,225	\$41,070	\$54,760
3	\$17,170	\$20,604	\$22,836	\$25,755	\$29,189	\$30,048	\$31,765	\$32,623	\$34,340	\$42,925	\$51,510	\$68,680
4	\$20,650	\$24,780	\$27,465	\$30,975	\$35,105	\$36,138	\$38,203	\$39,235	\$41,300	\$51,625	\$61,950	\$82,600
5	\$24,130	\$28,956	\$32,093	\$36,195	\$41,021	\$42,228	\$44,641	\$45,847	\$48,260	\$60,325	\$72,390	\$96,520
6	\$27,610	\$33,132	\$36,721	\$41,415	\$46,937	\$48,318	\$51,079	\$52,459	\$55,220	\$69,025	\$82,830	\$110,440
7	\$31,090	\$37,308	\$41,350	\$46,635	\$52,853	\$54,408	\$57,517	\$59,071	\$62,180	\$77,725	\$93,270	\$124,360
8	\$34,570	\$41,484	\$45,978	\$51,855	\$58,769	\$60,498	\$63,955	\$65,683	\$69,140	\$86,425	\$103,710	\$138,280
*For family units of more than 8 members, add \$3,480												

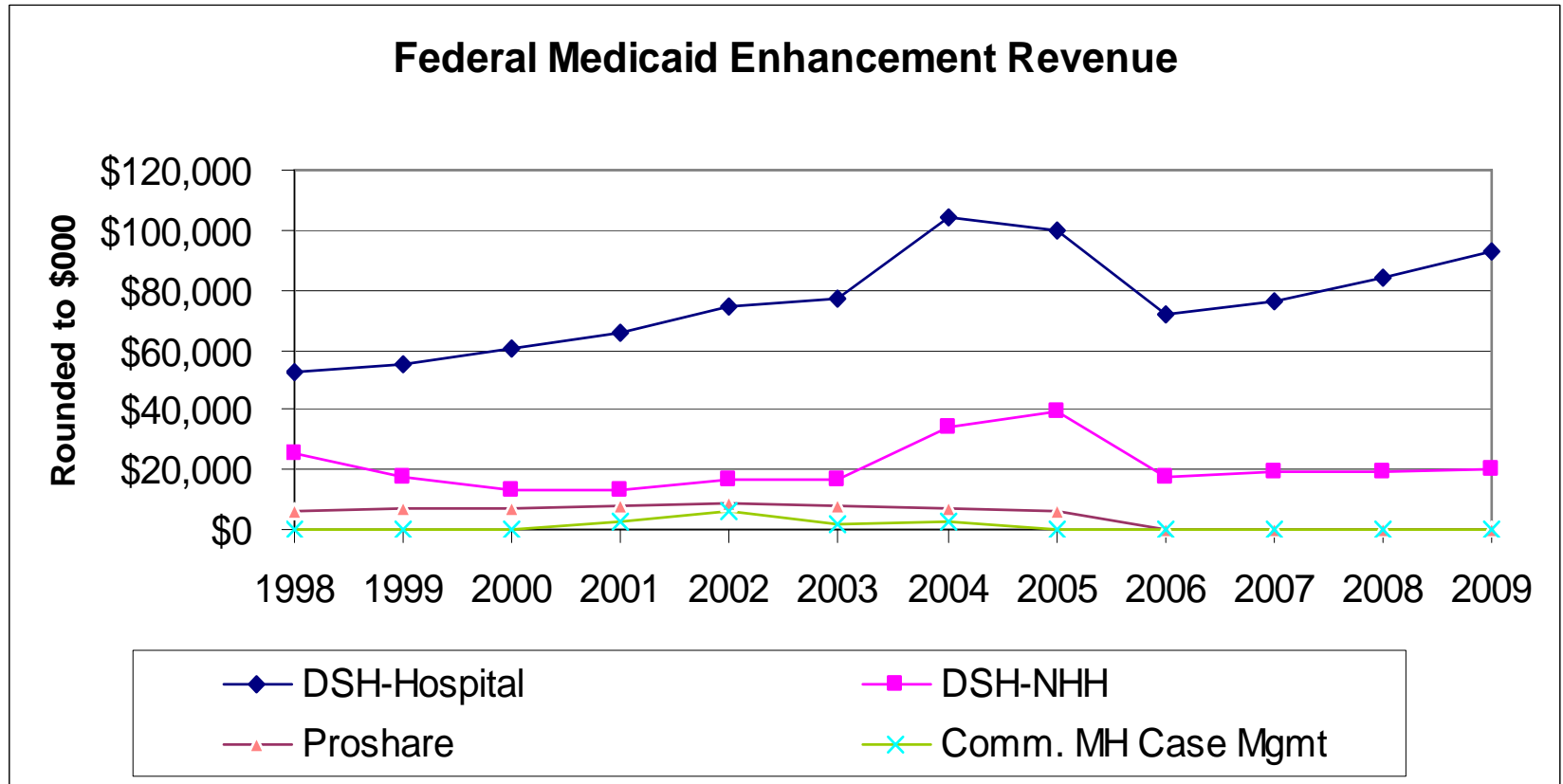


Medicaid Program-62% of Expenditures Federal Participation 50%





Medicaid Enhancement Revenues



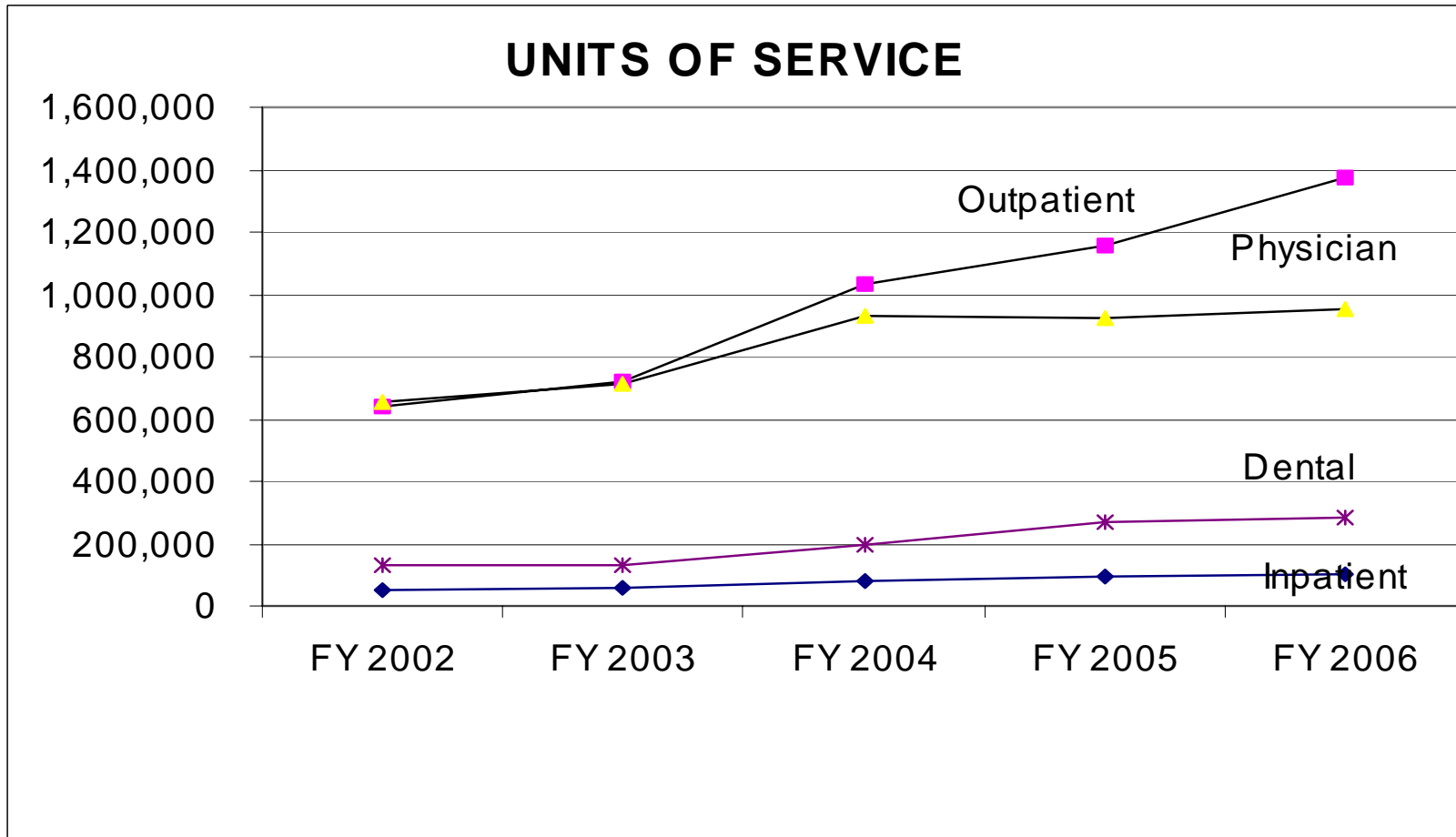


Medicaid Enrollment, Utilization and Growth

- Enrollment - We Have Chosen to Use 1.5%
 - Historical Trend is 3.28% - 3.18%
 - Kaiser Foundation
 - Reports 2.9%-4.6% from 2000-2004
 - Predicting a Leveling in the Future
 - CMS Has Suggested 2%
 - DHHS Actual Monthly Growth for CY-2006 is 1.9%
 - DHHS Average for Last 5 Months is 1%
 - DHHS Has Budgeted 1.5%

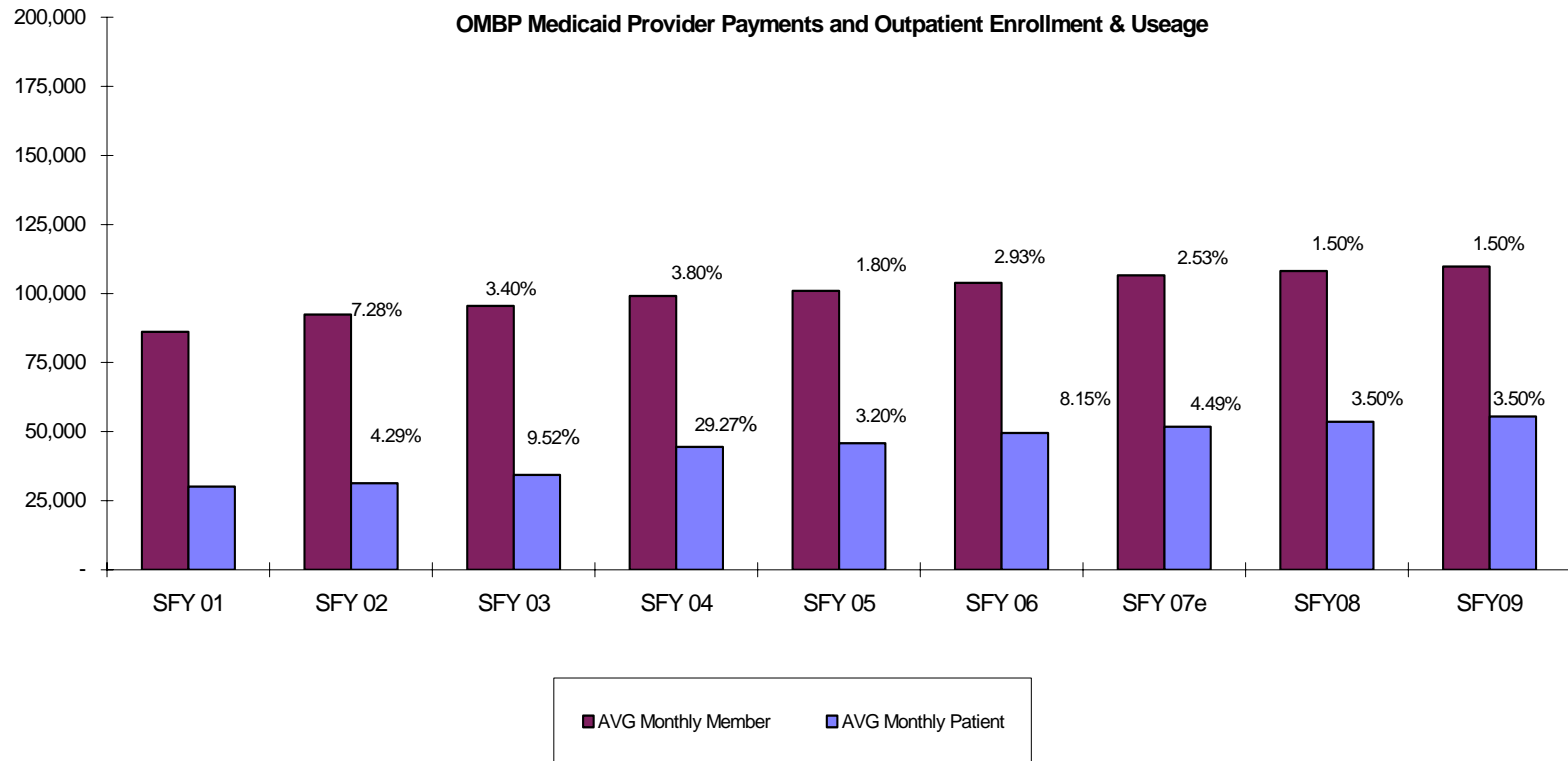


Medicaid Utilization Trend - 5 Year





OMBP Medical Assistance Growth in Members





Primary Concepts of GraniteCare

- Rebalance the Long-Term Care System
 - Reduction in reliance on nursing home care
- Provide a "single point of entry" into the long-term care system
 - Individualized budgets and consumer empowerment
- Care and disease management
 - Primary Care Management
 - Health and Wellness Management
 - Disease Management
 - High Cost Care Coordination
 - Quality
- Supporting initiatives Include
 - Information technology
 - Report cards
 - Workforce development



GraniteCare Enhanced Care Coordination

- Authorized by the Legislature under HB 2 and Approved by the Fiscal Committee
- Final Contract Approved by Governor and Council On January 10, 2007
- Implemented in Phases - First Six Month Design Development and Implementation
- Focuses on
 - Primary Care Provider - Medical Home
 - Integration of Services
 - Physical Health/Behavioral Health
 - Between DHHS Bureaus and Community Based Programs
 - Underscoring of Personal Responsibility and Accountability
 - Development of the Medicaid Report Card
 - Lead to a Total System Evaluation



GraniteCare Enhanced Care Coordination

- Major service components
 - For the Pilot Population - 48,000 TANF/14,000 APTD Clients Who Volunteer to Participate
 - Health Risk Screening and Assessment
 - Linkage with Medical Home
 - Comprehensive Care Coordination Utilizing Predictive Modeling for Clients with Complex, High Cost Health Issues
 - For all Medicaid Recipients - 101,000 Clients
 - 24 Hour Advice Nurse Service Line
 - Prior Authorization of Services
 - Client and Provider Satisfaction Surveys



GraniteCare Enhanced Care Coordination

Projected Cost and Savings

<u>Care Coordination</u>	<u>SFY 2008</u>	<u>SFY 2009</u>
Cost to Implement/Administer	\$3,409,410	\$2,949,834
Savings	<u>\$5,624,374</u>	<u>\$5,999,998</u>
Net	\$2,214,964	\$3,050,164



GraniteCare Disease Management

- Launched in 2005 to promote preventative interventions
 - McKesson Contract
 - Serves over 2,700 individuals
 - Manages Certain Chronic Diseases
 - Asthma
 - Diabetes
 - Chronic Kidney Disease
 - End State Renal Disease
 - Coronary Artery Disease
 - First Year Net Savings - \$1.3 M



2008-2009 Budget Initiatives

GraniteCare Select

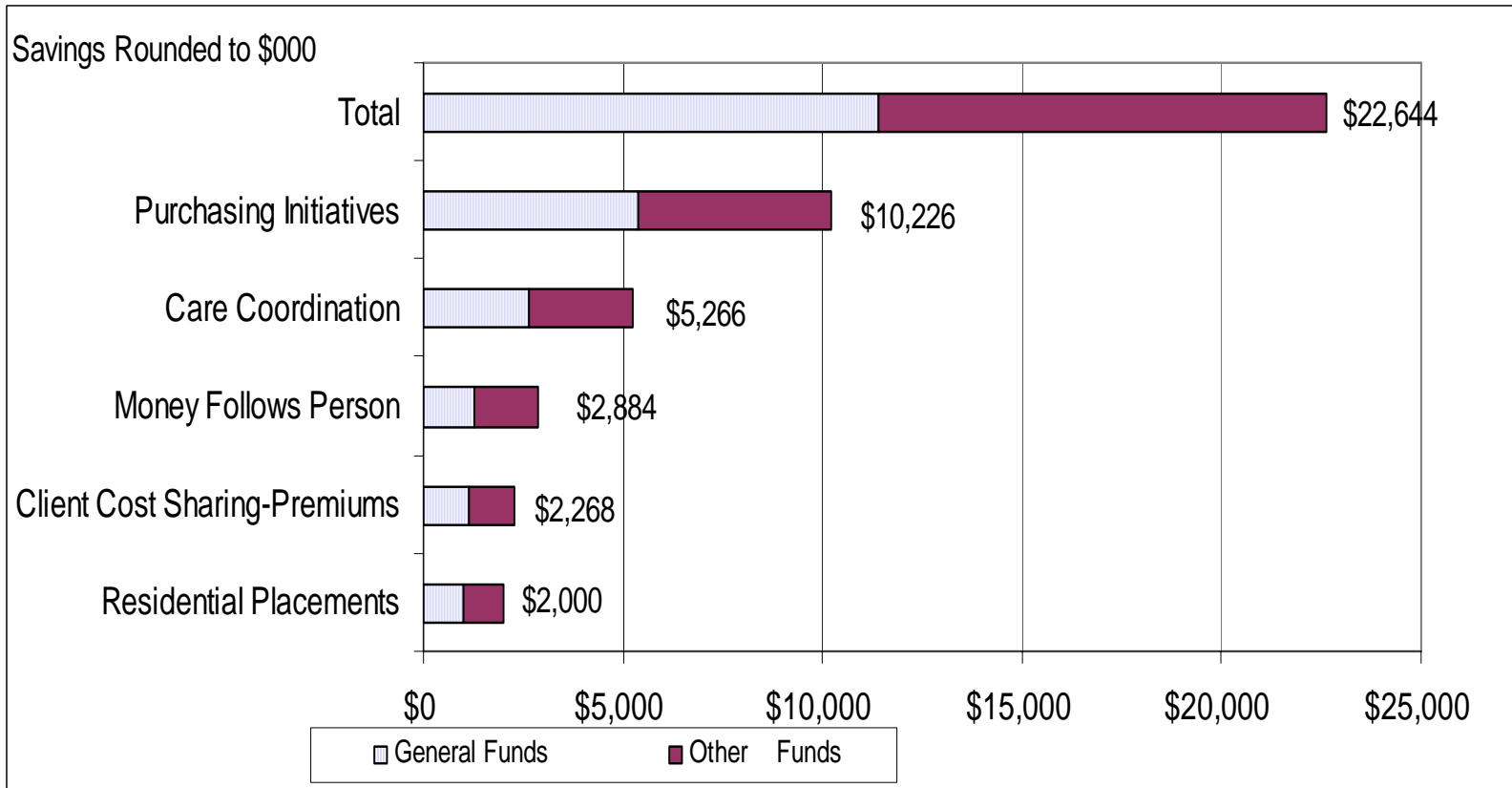
New Hampshire Medicaid Selective Contracting Initiative includes:

- Solicitation of for services such as:
 - Ambulatory Surgery, Diagnostic Radiology, OB & Delivery
- Awarding contracts based on best combination of price, quality, accessibility
- Multiple awards are anticipated to ensure adequate coverage
- Services will be subject to prior authorization to direct patients to contracting provider
- Quality measures will be established and monitored for each service
- Expected results: To concentrate provision of selected non-emergency services in a limited number of less-costly providers meeting defined center-of-excellence quality standards

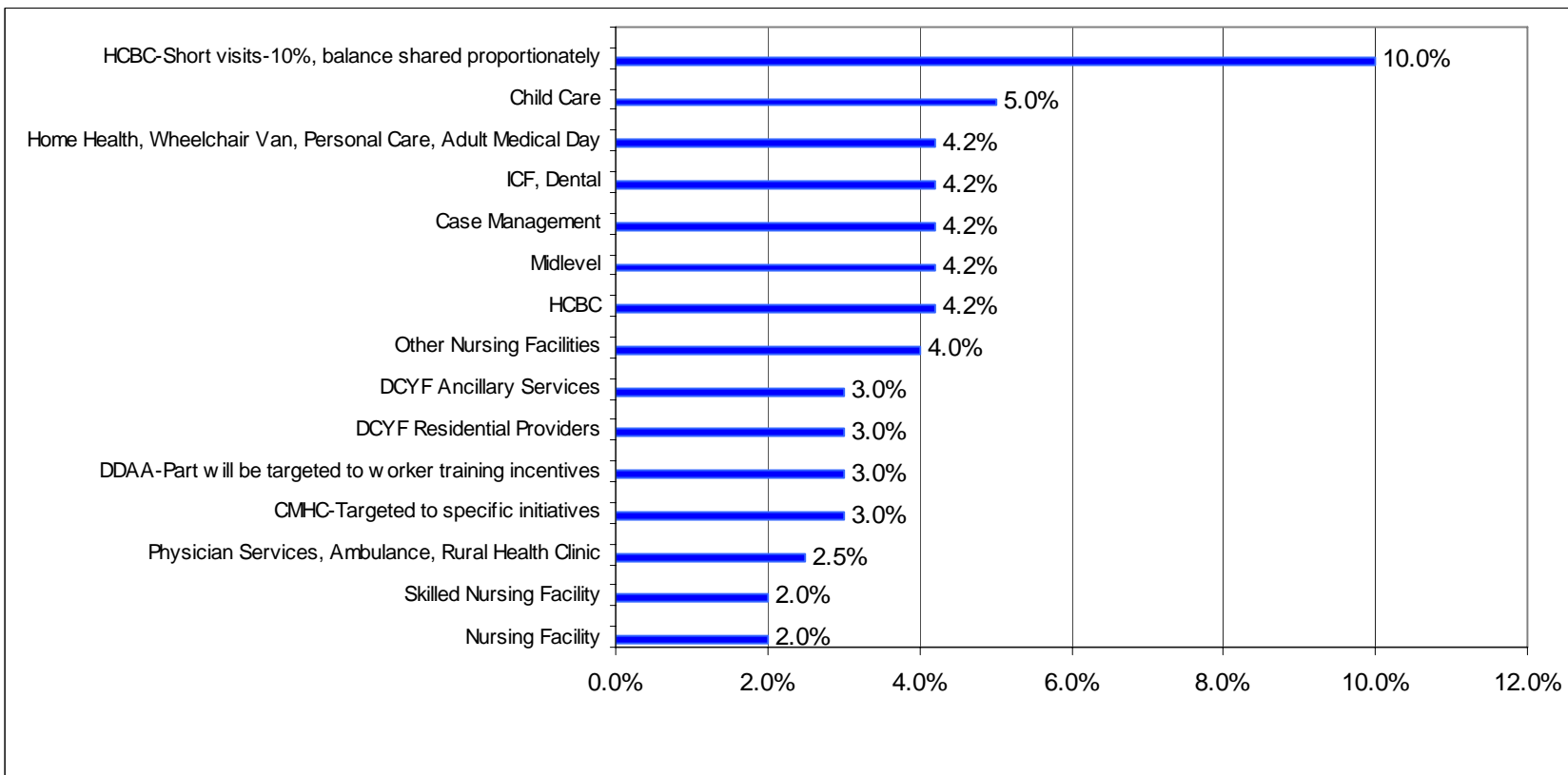
Durable Medical Equipment & Supplies:

- New Hampshire has proposed to form a multi-state pool for purchase of certain commodity supplies.

Savings From Initiatives Included in Budget



Provider Rate Increases Included in Agency Budget





Medicaid Dental Fees

Examples from NH and Surrounding States, August 2006 Rates

- Dental rate increases were implemented on July 1, 2003, Oct. 1, 2003 and April 1, 2004

Procedure	NH	VT	ME	MA EPSDT
D0120 Periodic Oral Eval.	\$28.00	\$18.00	\$13.00	\$26.00
D0150 Comprehensive Oral Exam	\$52.00	\$32.00	\$150.00	\$52.00
D1120 Dental prophylaxis child	\$38.00	\$29.00	\$33.00	\$45.00
D2150 Amalgam two surfaces	\$104.00	\$67.00	\$48.00	\$90.00
D7140 Extraction erupted tooth	\$82.00	\$80.00	\$67.00	\$88.00

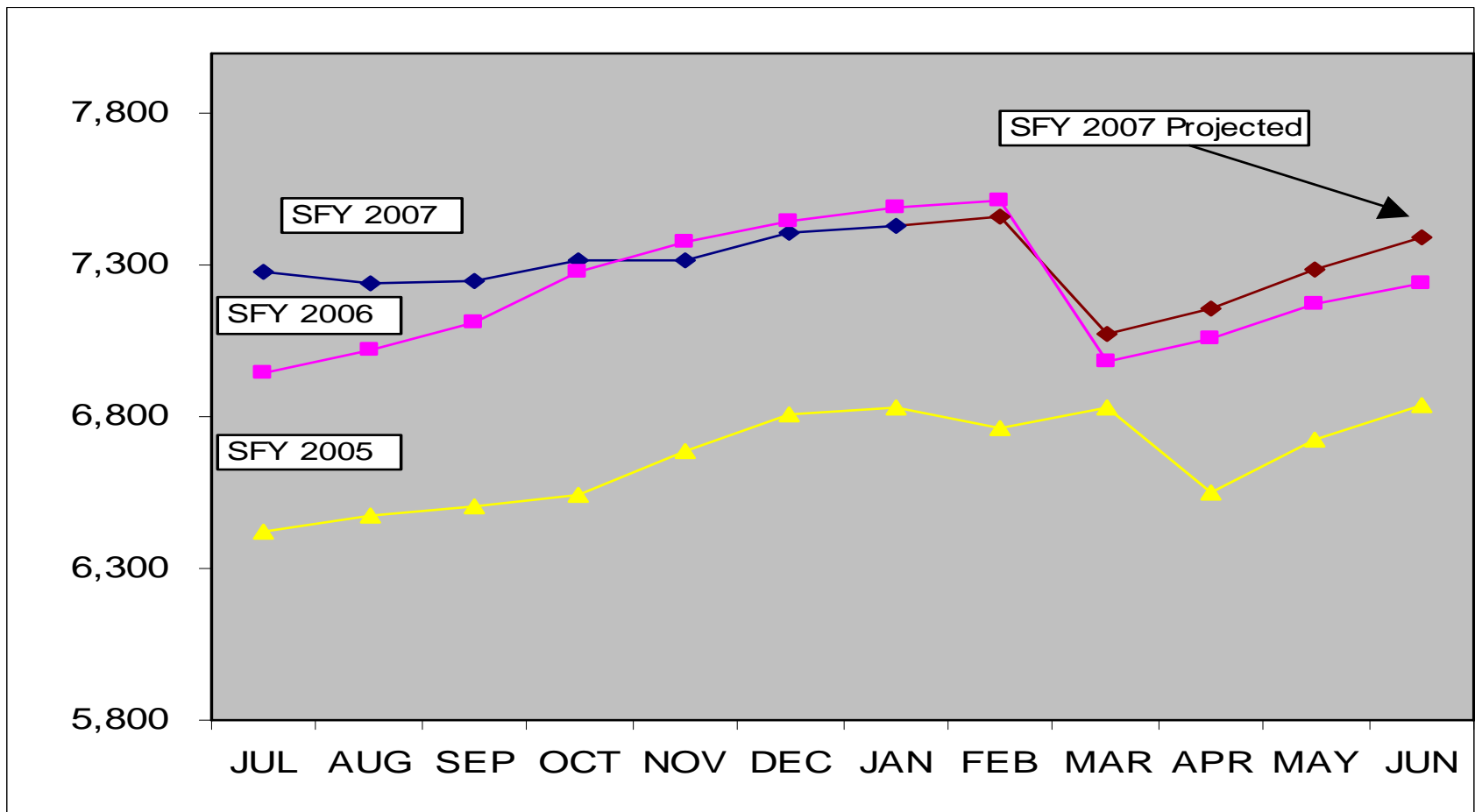


Acute Care Service Areas Proposed for Rate Increases by Priority

Priority	Category of Service	F08 Budget				F09 Budget			
		Pct	\$ Increase		Budget	Pct	\$ Increase		Budget
			Total	Genl Fd	Total Funds		Total	Genl Fd	Total Funds
1	Dental Services	4.20%	670,073	335,037	17,421,893	4.20%	731,720	365,860	19,024,707
2	Physician Services	2.50%	992,797	496,399	42,690,277	2.50%	1,067,257	533,629	45,892,047
3	Ambulance Service	2.50%	41,077	20,539	1,766,108	2.50%	44,158	22,079	1,898,791
4	Home Health Services	4.20%	312,195	156,098	8,117,069	4.20%	340,917	170,459	8,863,840
5	Wheelchair Van	4.20%	31,418	15,709	816,858	4.20%	34,308	17,154	892,009
6	Personal Care	4.20%	60,049	30,025	1,561,266	4.20%	65,573	32,787	1,704,902
7	Adult Medical Day Care	4.20%	31,526	15,763	819,684	4.20%	34,427	17,214	895,095
8	Skilled Nursing Facility	2.00%	85,401	42,701	4,568,956	2.00%	91,379	45,690	4,888,783
9	Intermediate Care Facility	4.20%	352	176	9,154	4.20%	384	192	9,996
10	Rural Health Clinic	2.50%	274,779	137,390	11,815,516	2.50%	295,388	147,694	12,701,679
	TOTALS	3.01%	\$2,499,667	\$1,249,834	\$89,586,781	3.02%	\$2,705,511	\$1,352,756	\$96,771,849



SCHIP (Silver)





NH MMIS Strategic Objectives

- Provide expanded and innovative functionality that reinforces best business practices
 - Web Based - improve access to information
 - Enhanced Surveillance Utilization & Fraud Detection
 - New County Billing and Acuity Rate Setting Components
- Manage service provision across multiple benefit programs
 - Medicaid and Non-Medicaid Programs



NH MMIS Strategic Objectives

- Be responsive and adaptable to policy changes
 - Table Driven and Rules Based - Less "hard coding"
 - More Efficiently Modified by Non-technical staff
- Ensure accuracy and fiscal integrity of processes
 - Real-time On-line Claims Adjudication to improve claims submission accuracy for providers
- Reduce operations and system maintenance costs
 - Automating manual processes
 - Annual Maintenance/Modification Costs are Lower



MMIS Implementation Contract

- Legacy MMIS was implemented in 1994
- Centers for Medicare and Medicaid Services (CMS) approves federal cost share for MMIS enhancements, maintenance, and operations at 90%/75%
- ACS was awarded the Contract for best solution at lowest cost on 12/07/06
- ACS was lowest bid by \$10,226,405

ACS Cost to Implement:	\$26,153,244
3 Years of Operations:	\$20,981,087
2 Option Years:	\$13,726,432
Total Contract:	\$60,860,763

- ACS Annual Operations cost is less than current cost with more fiscal agent services included



MMIS Current Status

- Completed NH MMIS Requirements Validation Specification (RVS) - June 2006
- Completing General System Design (GSD)
- Positive and Productive Working Relationship
- Much effort expended early on in the project to ensure that the State's requirements were understood and that the design meets the requirements, to minimize the impact of change later in the project
- One year extension at no additional cost to the State



Division of Public Health Services

Public Health provides New Hampshire with Population based public health services where the focus is on improving individual health outcomes, building community health capacity and assuring access to health promoting and disease prevention services.

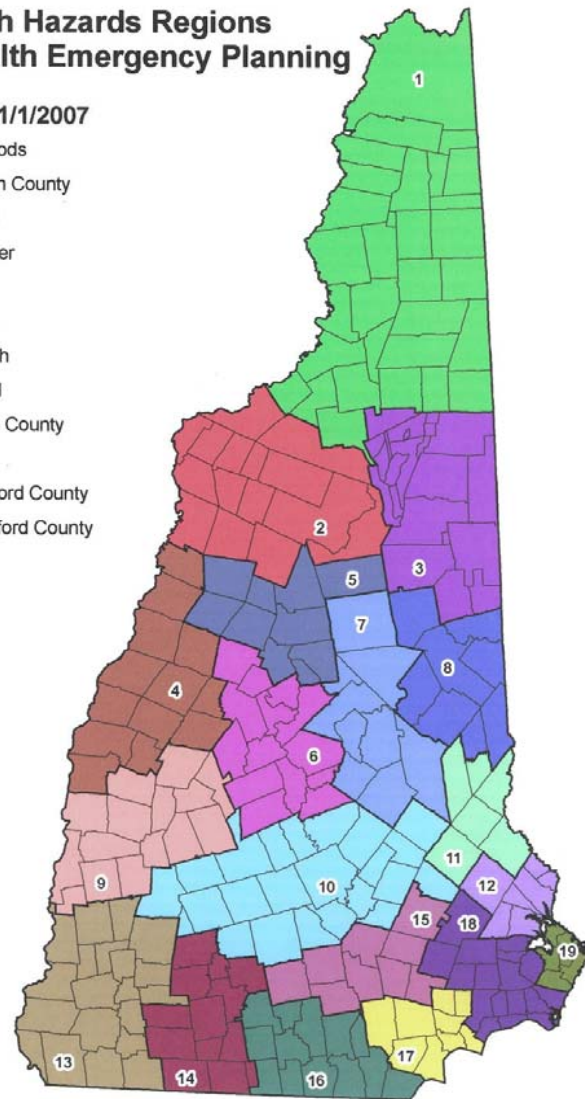
- **Prevention**-Disease Control, Immunization, Tobacco and Substance Abuse, Breast and Cervical Cancer, Family Planning, HIV/STD Program, Oral Health
- **Promotion**-WIC Supplemental Nutrition, Health Promotion, Disease Management, Maternal and Child Health, Community Health Centers and Primary Care
- **Protection**-Emergency Public Health Preparedness, Public Health Laboratories, Radiological Health, Health Statistics, Asbestos and Lead, Substance Abuse Treatment, Health Services Planning and Review



All Health Hazards Regions for Public Health Emergency Planning

Planning Regions 1/1/2007

- 1-Great North Woods
- 2-Northern Grafton County
- 3-Northern Carroll
- 4-Lebanon/Hanover
- 5-Plymouth
- 6-Bristol/Franklin
- 7-Laconia/Meredith
- 8-Southern Carroll
- 9-Greater Sullivan County
- 10-Concord
- 11-Northern Strafford County
- 12-Southern Strafford County
- 13-Keene
- 14-Peterborough
- 15-Manchester
- 16-Nashua
- 17-Southeastern
- 18-Exeter
- 19-Portsmouth

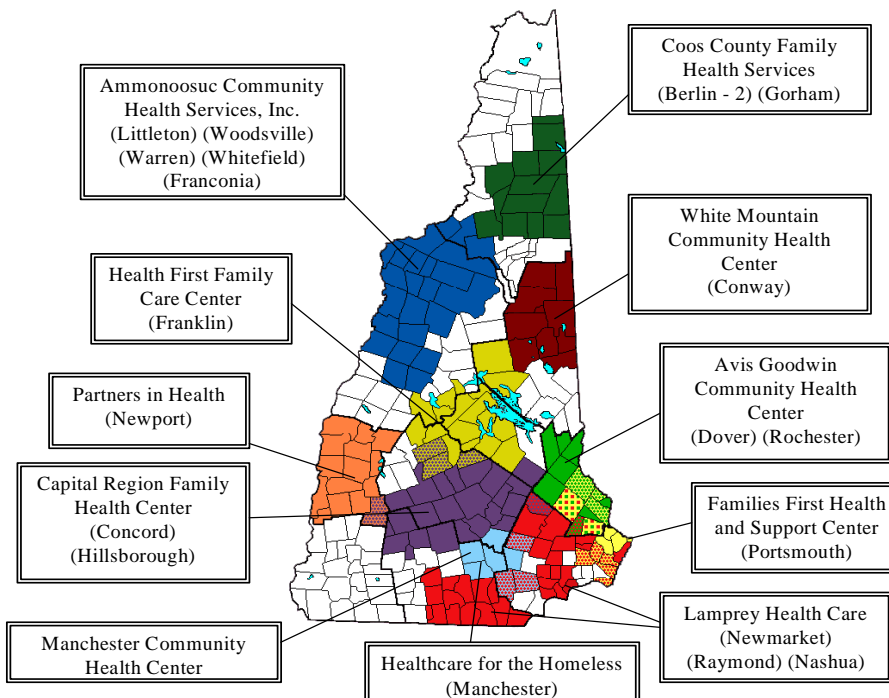


Map provided by DHHS/OMB/BOSM/jh 1/1/2007
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Community Health Centers Core Funding \$3.1 Million

DPHS-funded CHC SERVICE AREAS



*Textured areas denote towns in two or more CHC service areas.

*Based on service areas April 2004.

- Request to add in errata
 - SFY 2008 \$1,185,972
 - SFY 2009 \$1,408,432 (5% increase)
- Infrastructure funds and safety net provider for health care to un- or underinsured.
- Four NEW areas or regions in NH where additional Community Health Centers and/or primary care agencies **could** qualify for funding through the Maternal Child Health and Rural Health and Primary Care programs.

Agency Budget Highlights

Substance Abuse

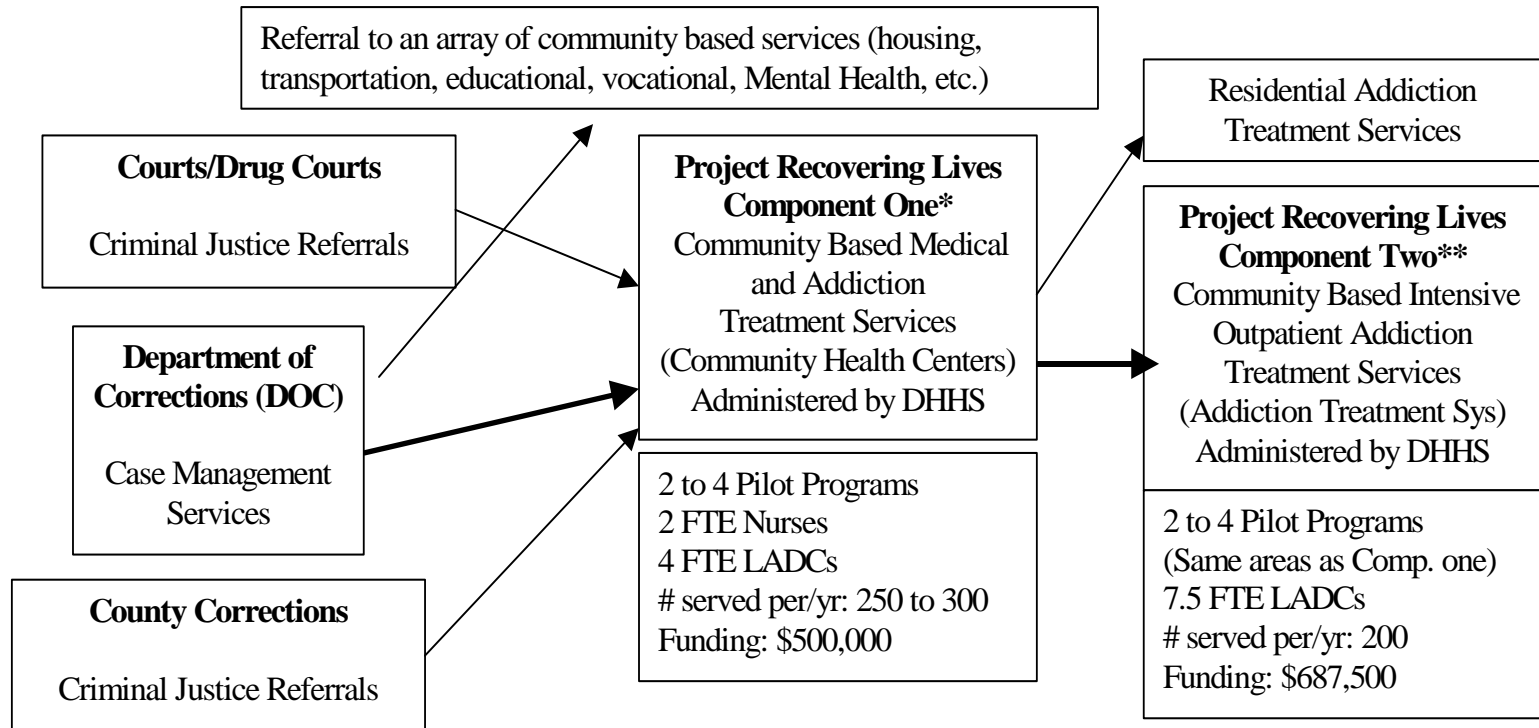


Governor's Commission on Alcohol and Drug Abuse Treatment and Recovery							
Commission Funds Budgeted in Maintenance Budget							
	SFY08				SFY09		
Figures Rounded to \$000	Treatment	Prevention	Total		Treatment	Prevention	Total
SFY 07 Projects Maintained	\$1,305	\$1,120	\$2,425		\$1,305	\$1,120	\$2,425
Prevention Certification	\$0	\$13	\$13		\$0	\$13	\$13
Treatment Expansion Initiative (CJ/DCYF)	\$1,463	\$0	\$1,463		\$1,463	\$0	\$1,463
Merrimack/Belknap Counties Detox	\$275	\$0	\$275		\$275	\$0	\$275
Treatment Best Practices	\$23	\$0	\$23		\$45	\$0	\$45
Family Support	\$6	\$0	\$6		\$6	\$0	\$6
COD Tx Program	\$387	\$0	\$387		\$387	\$0	\$387
Smart Moves	\$100	\$0	\$100		\$100	\$0	\$100
New Initiatives	\$2,253	\$13	\$2,266		\$2,276	\$13	\$2,288
Total	\$3,558	\$1,133	\$4,691		\$3,580	\$1,133	\$4,713



Project Recovering Lives Criminal Justice System

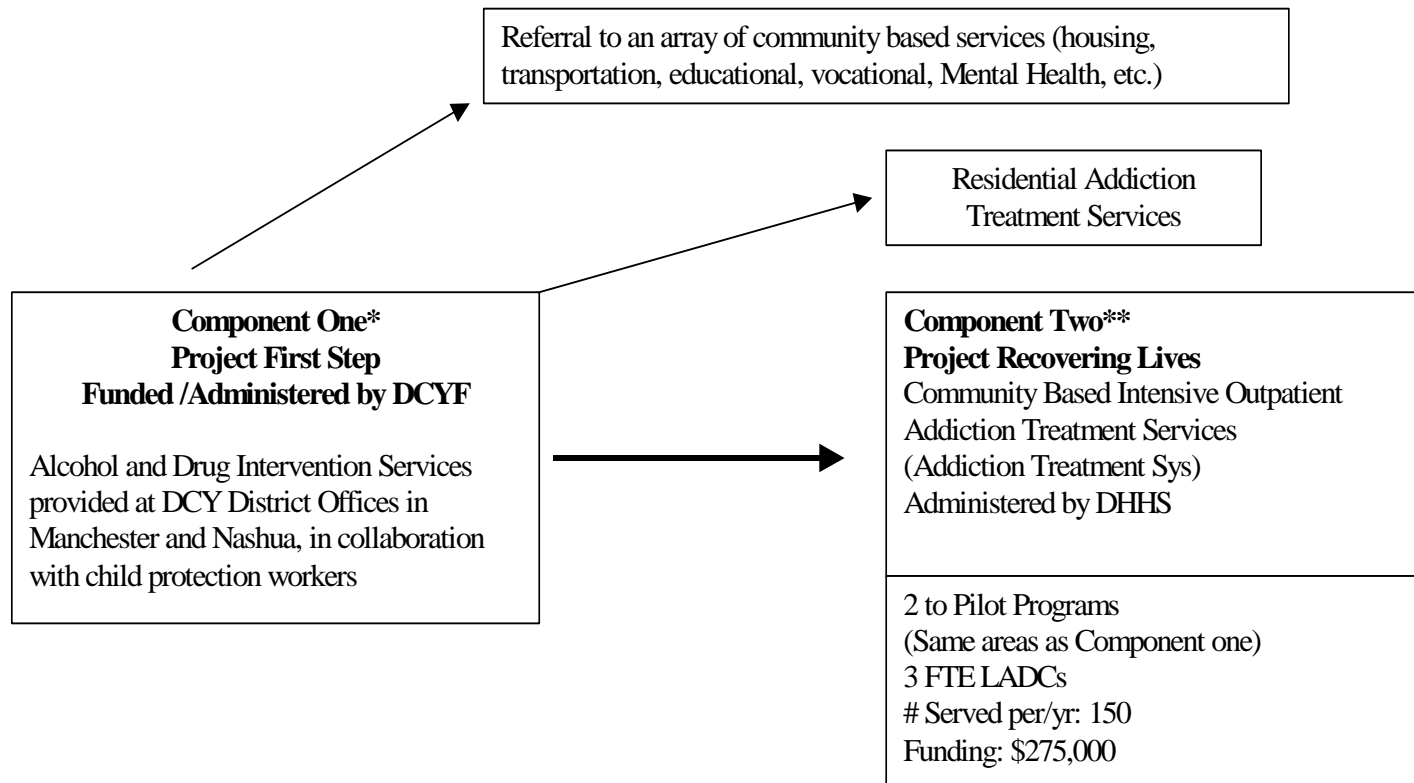
Criminal Justice System - Components One & Two





Project Recovering Lives Treatment Services

Treatment Services - Components One & Two





Antiviral Stockpile for Pandemic Influenza

- Antivirals are one of several important measures to control the impact of pandemic influenza. The CDC and federal HHS Pandemic Influenza Plan calls for stockpiling antivirals to treat the U.S. population during a pandemic
- The current antiviral stockpiling proposal is a joint venture primarily between the states and the federal government, with federal government offering a 25% subsidy on their contract.
- NH DHHS proposes a purchase of antiviral to cover the full allotment for 30% of potentially infected individuals and an additional amount to cover those first responders exposed.

	Antiviral	Treatment Courses	Cost / Treatment Course	Total Cost	Federal Funds	General Funds Requirement
Federally Subsidized Program	Relenza	27,061	\$21.72	\$ 587,765	\$ 146,941	\$ 440,824
	Tamiflu	108,244	\$19.24	\$ 2,082,615	\$ 520,654	\$ 1,561,961
		135,305		\$ 2,670,379	\$ 667,594	\$ 2,002,785
					25%	75%
	Antiviral	Treatment Courses	Cost / Treatment Course	Total Cost	Federal Funds	General Funds Requirement
Proposed - Extra Capacity	Relenza	49,362	\$21.72	\$ 1,072,151	\$ -	\$ 1,072,151
	Tamiflu	197,450	\$19.24	\$ 3,798,930	\$ -	\$ 3,798,930
		246,812		\$ 4,871,082	\$ -	\$ 4,871,082
				TOTAL INVESTMENT	\$ 667,594	\$ 6,873,867



Public Health Emergency Preparedness

•Request:

- SFY 2008 \$1.25 Million
- SFY 2009 \$1.40 Million

•**Overview:** award funds a total of 49 Positions in DHHS , Department of Safety, and DES; equipment and maintenance costs for laboratory response capacity; contracts for State public health and safety emergency Biological, chemical, and radiological response, workforce training and education; contracts for local public and safety response; planning for regional public health response

•Federal Government has awarded New Hampshire a total of approximately \$40 million over the last seven years

•**Impact:** NH expects a \$2.5 million reduction in funding this year. Program currently funds:

- Critical public health response positions in DPHS, DOS and regionally: communicable disease and laboratory staff, epidemiologists, regional response planning staff in communities;
- Certain contracts to local and regional public health agencies, information systems technologies to enhance state surveillance,



Public Health Federal Funding Issues

- PH Emergency Preparedness and Bioterrorism funds: reduction 2% - 5%
- Ryan White Funding: HIV Care and Case Management reductions of \$500 - \$1.5 Million
- Public Health Block Grant - reduction of 3%
- Tuberculosis Care Funding: anticipated 5% each year



DHHS Operating Philosophy

Preserve service levels through greater operating efficiencies, service system integration, continuous improvement and cost containment to maximize the value provided from taxpayer dollars.

Improve client outcomes by better coordination of services and more accountability of clients and providers.



DHHS Has Succeeded In Challenging Times 1 of 2

- Commitment to soliciting stakeholder input to improve programs
- Long Term Care
 - GraniteCare for long term care is working, keeping seniors in the community
 - Senior Center wellness programs are promoting healthy lifestyles
- Consolidation of the developmental service area agencies achieved projected savings, which was used to provide services for individuals on the waitlist
- Work Participation Plan approved by legislature to help TANF beneficiaries on their road to financial independence (TANF Reauthorization)
- Improved ability to address emergencies (Pandemic response, Avian flu, EEE, DHHS emergency operation plan)

DHHS Has Succeeded In Challenging Times 2 of 2



➤ Children

- Enrollment in Healthy Kids Silver increase from 6,840 children in June, 2005 to 7,315 children currently
- LicensedPlus rewards child care providers for quality programming
- New facility and programming for YDC and YDSU

➤ Medical Cost

- Preferred drug list
 - Pharmacy best price
 - Disease management
- DHHS reorganization initiated in 10/2003 has resulted in maximizing available resources, reducing layers of the organization, minimizing redundant operations, lower costs



Back of Budget Management of Annual Appropriations

			SFY04	SFY05	SFY06
			Actual	Actual	Actual
		Personnel & benefits	\$10,164,404	\$10,766,321	\$8,651,673
		Other appropriaton reduction	\$23,761,791	\$28,762,761	\$16,771,469
		Revenue enhancements	\$29,496,131	\$40,701,362	\$7,978,236
		Total Savings	\$63,422,326	\$80,230,444	\$33,401,378



DHHS Ongoing Challenges

- Increasing numbers and complexities of clients
- Rising cost of medical services growing faster than inflation or State revenues
- Need for emergency planning and funding increasing
- Purchasing methodologies based too focused on cost and not enough on outcomes and improvements
- Litigation
- County/State relationship
- Staffing & Organization to address significant issues
- Information technology-Working with old technology
- Federal funding at risk



DHHS 2008-2009 Challenges

- Nursing Home Litigation
- Provider Rates
- Residential Rates
- DSH Audit
- AVH - DRF
- Child Residential Rates
- EEE
- Avian Flu/Antivirals
- Fire Safety & Community Based Care
- Personnel issues - reclassifications/reviews
- Ryan White Act
- Public Health Block Grant
- NHH length of stay/capacity
- Tobey School Relocation
- DD Waitlist
- PERM
- Bioterrorism funding
- Deficit Reduction Act (DRA)



Key Themes of the Deficit Reduction Act

- Cost Sharing
- Personal Responsibility
- Waiver flexibility
- Transparency of cost



DHHS Budget Summary

The DHHS Maintenance Budget Proposal for F08-F09:

- Fully funds DD waitlist
- Expands outpatient services for alcohol and substance abuse
- Supports long term care provided in the community
- Strengthens continuum of care for children
- Supports more participation and responsibility of Medicaid clients for their health and well being
- Supports parents of TANF program move to financial independence
- Includes innovative and equitable changes in how we pay for services
- Limits new State funding to a little over 5% per year